

SOUL CARE FOR CHILDREN OF COMMUNAL CONFLICT:
HOLISTIC HEALING FOR TRAUMA VICTIMS IN PLATEAU STATE NIGERIA

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by
Nash Yusufu Pwot

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Nash Yusufu Pwol

under the direction of his Faculty Committee and approved by its members,
has been presented to and accepted by the Faculty of the
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in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

Faculty Committee:

Kathleen J. Greider, Chairperson
Rosemary Radford Ruether
Jason Siegel

Academic Dean: Susan L. Nelson

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Nash Yusufu Pwol

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ABSTRACT

SOUL CARE FOR CHILDREN OF COMMUNAL CONFLICT: HOLISTIC HEALING FOR TRAUMA VICTIMS IN PLATEAU STATE NIGERIA

by

Nash Yusufu Pwol

A wave of religious clashes between Christians and Muslims has persisted in the Middle Belt region of Nigeria in the last decade, with dire consequences. Studies have shown that psychological “trauma is a natural consequence of war.” It is obvious that this experience has an immense effect on the general population; but worse still, on children and adolescents.

Having explored studies that have confirmed that traumatic experience can interrupt with the maturation process of the central nervous system in children and adolescents, this research project, in dialogue with major works on the subject, and based on various trauma theories, explores the physical, emotional, social and cognitive manifestations of traumatic experiences in these age groups. Additionally, the study identifies age-appropriate symptomatology as they relate to children and adolescents in traumatic situations.

This of course is invaluable information if proper intervention approaches are to be applied. The study goes on to identify ways in which children and adolescents could be supported in overcoming the long-term effects of traumatic experiences. To this end, the author has devised an interventional model, the Holistic Soul Care Treatment. This model has emerged from a compilation of sources including soul care practices, Capacitar treatment therapies, African cultural approaches, and Western psychotherapeutic theory. It is based on an holistic approach to treatment, an intervention method that takes into consideration all dimensions of the person--the body, mind, soul, spirit, emotions and relationships (both interpersonal and

environmental). Ultimately, the goal of this program is to restore hope in these children and adolescents who are caught up in a seemingly hopeless situation.

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CHAPTER 1

Introduction

The problem dealt with in this dissertation is that of providing care to children traumatized by communal conflict in Plateau State Nigeria. The thesis of this dissertation asserts that a soul care approach, because of its holistic philosophy, will provide effective care for children and adolescents traumatized by communal conflict in Plateau State, Nigeria. By so doing, the immediate and later harmful effects of trauma will be minimized.

Definition of Terms

Communal conflict: Hostilities between two opposing communities; for example, religious, ethnic, and/or social groups. There are instances of communal conflicts that have had all the elements of war except that the conflict did not escalate to become full scale.¹ War is defined as a state of hostility, conflict, or antagonism, but on a wholesale basis that involves every facet of the nation.² Examples of communal conflict would include the hostilities between Protestants and Catholics in Northern Ireland (1969-98)³ and the Hindu-Muslim conflict of 1947 in India.⁴

Trauma: 1. "A serious injury or shock to the body, as from violence or an accident. 2. An emotional wound or shock that creates substantial, lasting damage to the psychological

¹ Dictionary.com. *Dictionary.com Unabridged (v 1.1)*. Random House, <http://dictionary.reference.com/browse/conflict> (accessed: September 17, 2008).

² "Conflict." Merriam-Webster Online Dictionary. 2008. Merriam-Webster Online, <http://www.merriam-webster.com/dictionary/conflict> (accessed: September 2008).

³ Wikipedia contributors, "Peace process," *Wikipedia, The Free Encyclopedia*, http://en.wikipedia.org/w/index.php?title=Peace_process&oldid=235377072 (accessed September 23, 2008).

⁴ Wikipedia contributors, "United Bengal," *Wikipedia, The Free Encyclopedia*, http://en.wikipedia.org/w/index.php?title=United_Bengal&oldid=218214150 (accessed September 23, 2008).

development of a person, often leading to neurosis. 3. An event or situation that causes great distress and disruption.”⁵

Soul care: A term used in early Christian tradition to refer to theory and practice also known as pastoral care. Soul care always involves four primary functions: healing, sustaining, reconciling, and guiding.⁶ In their definition of soul care, Moon and Benner remind us that, “The Christian church has historically...understood soul care to involve nurture and support as well as healing and restoration.”⁷ I have chosen the term “soul care” rather than the term “pastoral care” because it cuts across both denominational and religious lines, making it more understandable in the multi-religious context of this study.

Children-Adolescents: This compound word is used to signify the relatively broad age group whose care is addressed in this dissertation, those between nine and eighteen years of age. The terms "children" and "adolescents" are also used, as appropriate to the issues being discussed.

Holistic Soul Care Treatment (HSCT): addresses the whole person-- relationships with other people, with the environment, with the community; spirit, mind, emotions, and body. Each of these seven elements may need attention individually, while at the same time each is intimately related to all of the others. Each element can contribute to the development of disease and can also provide doorways for treatments. In this dissertation I have chosen to use the

⁵ Trauma. Dictionary.com. *The American Heritage® Dictionary of the English Language, 4th ed.*, Houghton Mifflin Company, 2004. <http://dictionary.reference.com/browse/trauma> (accessed: September 17, 2008).

⁶ William Clebsch and C. R. Jaekle, *Pastoral Care in Historical Perspective* (Englewood Cliffs, NJ: Prentice-Hall, 1964), 32

⁷ Gary Moon and David Benner, *Spiritual Direction and the Care of Souls* (Downers Grove, IL: InterVarsity Press, 2004), 11.

term “treatment” to describe the therapeutic process, because of the popular response it will enjoy in the context of this study.

Discussion of the Problem

Until about two decades ago it was generally assumed that traumatic events did not have a lasting effect on children. They were considered too young to comprehend or retain memories of the traumatic experience for extended periods of time. The belief was that children are very resilient and with time they overcome traumatic events. Recent research has proven these speculations inaccurate. In a study conducted on adolescent Cambodian refugee victims of childhood trauma during the Pol Pot Khmer Rouge regime of the late 1970s, the residual effects of their childhood experience were quite evident in this sample. At the time of their traumatic experiences, most of them were aged between 5 and 10 years. The study showed that traumatic effects of those experiences were still manifest in adolescence. It confirmed that when left untreated, exposure to trauma could severely compromise a person’s optimal functioning in adulthood.⁸

This dissertation will focus on the traumatic impact of religiously-based communal conflicts on children in my state of origin, Plateau State, Nigeria. Soon after gaining independence in 1960, Nigeria experienced two military coups that claimed a great number of lives. These led to a three-year civil war that claimed an estimated one million lives, half of whom were children.⁹ Children not in the war zone suffered substantial secondary effects of the war. Immediately after the war, armed robbery became rampant, to which the government

⁸ William Sack, Gregory Clarke and John Seeley, “Multiple Forms of Stress in Cambodian Adolescent Refugees,” *Child Development* 67 (1996): 114

⁹ John De St. Jorre, *The Nigerian Civil War* (London: Hodder and Stoughton, 1972), 238.

responded by imposing capital punishment on those found guilty of the crime. The guilty were publicly executed by firing squad. Access to the execution grounds was open to all regardless of age. Children in the thousands witnessed these executions. It was assumed that the public spectacle of such a severe form of punishment would deter others from such criminal activity. Ethnic conflict was another form of trauma-inducing activity during that period. Some analysts attribute the conflicts to sudden population growth, which reduced land allotments. Disaffected ethnic groups attacked opposing neighboring villages; the consequences were deadly, at times resulting in heavy casualties. Religious crises soon followed. First were the internal crises among Muslims. These came about as a result of differing doctrinal and ritual practices, which led to thousands of Muslims being killed by fellow Muslims. Religious crises worsened when they became interreligious, between Muslims and Christians. The two faith groups that had lived in harmony for about a century were suddenly engaged in deadly conflicts that left many scars, and that even now continue to create doubt and suspicion between the two communities. My concern in this dissertation will be conflict instigated by religious sentiments because it is an ongoing phenomenon that results in significant stress among the people, particularly, the children. Additionally, my training in pastoral care and counseling allows me to have the greatest effect in this sort of conflict.

While addressing traumatic experiences in communal conflicts is the focus of the dissertation, I also address, more briefly, other practices that further complicate the trauma of communal conflict. For instance, certain cultural practices are potentially a source of trauma to children. An example is the Fulani practice of the “sharo,” a rite of passage in which male adolescents are required to submit their bodies to be flogged as an expression of their “manliness.” Separation is yet another common occurrence that leads to trauma in Nigerian

families. Male parents in search of a livelihood are often away from home for months at a time. Unfortunately, the trauma of family separation on a child is hardly given any thought. Family separation has been exacerbated by further acts of war. A good number of children have been separated from their families permanently.

Nigeria's government has been only minimally involved in issues that concern children. Children need more from the government than the token observation of Children's Day as a public holiday. They need tangible government programs that take responsibility for the safety and welfare of children. Privately run children's agencies offer basic crisis intervention in times of need, but not holistic, ongoing care. This lack of care for children who have suffered trauma from communal conflict leaves children to suffer emotional stress that could be minimized with appropriate intervention.

Discussion of the Thesis

Providing holistic soul care to children traumatized by communal conflict in Plateau State Nigeria will minimize the immediate and later harmful effects of trauma. By "holistic," I refer to a broad approach to the issues affecting the victim, taking into account all dimensions of the total person. This means addressing the *spirit*, *mind*, interpersonal and communal *relationships*, relationships with the natural environment, *emotions*, and *body*.

Following Howard Clinebell, I find the spiritual dimension most important. Clinebell, one of the pioneers of modern holistic soul care, describes the spiritual dimension as being inextricably interrelated with all the other dimensions.¹⁰ He goes on to describe the spiritual

¹⁰ Howard Clinebell, *Growth Counseling: Hope-Centered Methods of Actualizing Human Wholeness* (Nashville: Abingdon, 1979), 109.

growth as key to growth in the other dimensions.¹¹ The *spiritual* care of the children involves nurturing the deepest aspect of a person as he or she struggles with questions related to the purpose or meaning of existence. The goal is to help children and adolescents better comprehend the importance and meaning of their lives and of life itself.¹² Trauma has rendered many child-victims incapable of integrating into society. One of the goals of the holistic care approach is to help establish and rebuild *interpersonal* and communal *relationships* with children and adolescents in order to reduce negative, angry, hateful, vengeful relationships and establish instead those that are positive, loving, caring, forgiving, and accepting. Holistic care encourages children to have healthy relationships not only with other humans but also with the *natural environment*.¹³ Unfortunately, in the past fifty years Nigeria has experienced a wanton pillaging of the environment. The dense equatorial forest of the country is now virtually non-existent. Holistic healing calls on humanity to respect the earth as a source of life. Teaching children intimate involvement with the environment through such means as forestation, erosion prevention, and the simple appreciation of and involvement with nature is, in itself, healing and therapeutic. Holistic care calls for the human *mind* to be treated with care as part of the whole person, with the goal of good comprehension. The person who lacks a healthy mind is most likely out of touch with reality and the truth around them. Holistic care engages the *emotions* of children and adolescents, helping them to articulate their feelings and use their emotions in a manner that promotes the total healing process. We shall show that recent studies have revealed

¹¹ Ibid., 101.

¹² Kathleen J. Greider, *Much Madness is Divine Sense: Wisdom in Memoirs of Soul-Suffering* (Cleveland, OH: Pilgrim Press, 2007), 126.

¹³ Howard Clinebell, *Ecotherapy: Healing Ourselves, Healing the Earth* (New York: Haworth Press, 1996), 42.

that some approaches to care of the *body*, such as meditation, Tai Chi, acupressure, and walking the labyrinth are all effective in the healing of trauma.¹⁴

Method

The dissertation primarily employs the method of literature research and analysis. Along with the information that I gather from scholarly literature, the dissertation also relies on information based on my personal knowledge of Nigeria. I grew up in Nigeria's Plateau State and, though I have lived outside Nigeria for many years, my travel there and family and other personal contacts have continued to provide me a close experience of life in the country. For instance, the information that I gathered about the first major religious crisis in the city of Jos came mostly from eyewitnesses I spoke with when I visited home about a year after the crisis. Though it is not addressed in Chapter 2 because it happened after the research for the dissertation was concluded, my personal knowledge of the issues addressed in the dissertation includes the events on and following March 7, 2010, when my home village was raided by Hausa-Fulani Muslim gunmen in the dead of night. The attack left over 500 people dead, most of them women and children.

As much as possible, the discussion and analysis of the literature will be done in chronological order, in order to show the progression of comprehension of certain conditions through the years. For instance, it took a considerably long time for post-traumatic stress disorder to be confirmed as a clinically debilitating condition. Following a similar development, it was eventually realized that children are not immune to traumatic conditions. Literature

¹⁴ Patricia Mathes Cane, *Trauma Healing and Transformation* (Santa Cruz, CA: Capacitar International, 2000), 7.

related to the main thesis of the dissertation will be discussed in the relevant chapters (Nigeria context, trauma, care and healing in African context, healing of trauma).

Flow of Argument and Outline of Chapters

The second chapter outlines the history of conflicts in Nigeria from the pre-colonial to the post-colonial period, briefly discussing the causes and ongoing effects of these conflicts upon Nigerian society. The discussion will broadly focus on the following traumatic events in Nigeria: regional tensions, the Civil War, and public executions. It also addresses conflicts and tensions still being experienced in many parts of the country. Among them are the Islamic religious crises that resulted in death to many Muslim worshipers, and the Muslim-Christian conflicts that ensued from the 1980s, reaching a peak in September 2001. This chapter gives a better picture of the political, ethnic, religious, and regional volatility of the context.

The third chapter begins by examining historical studies on trauma, from the late nineteenth century when it was assumed traumatic activities had no lasting effects or ramifications on victims, a perception still widely held in Plateau State. The chapter describes the development of the conceptualization of trauma, from earlier understandings of psychological trauma as a violent but non-threatening activity, to eventual discovery of trauma as an interference to normal psychological development and, finally, to its capacity to lead to psychological disorder. The chapter will explain communal conflict as a major trigger of trauma and its effects on children as well as the potential effects later in adulthood.

The fourth chapter acknowledges possible impediments to holistic healing in Nigerian society. For instance, although some cultural practices have been identified as inducing trauma in children, they are, nonetheless, accepted and in some instances even promoted. Religious fundamentalism is another challenge to the introduction of new and unfamiliar methods of

treatment: for example Tai Chi and acupuncture could be suspected as being unacceptable “syncretistic” or new age practices. Since a good portion of the therapeutic treatments to be employed will come from other cultures, it is important to be aware of possible conflicts. As David Augsburger puts it, “Every culture is shaped by selected core values. These vary sharply between cultures.”¹⁵ These differences are rooted in worldviews. Thus, this chapter will emphasize the importance of education as an important tool toward the acceptance of differing religious perspectives or philosophies.

The fifth chapter discusses Capacitar, a therapeutic treatment program developed by Dr. Patricia Cane twenty years ago. It is a program that places skills in the hands of children and adolescents so they can offer care to themselves and other community members. Capacitar uses a holistic spectrum of wellness techniques, most of which are unknown in the African context. Capacitar has been quite popular, especially in communities without access to Western psychotherapeutic treatment, as well as in cultures where a Western one-on-one therapeutic approach is not culturally compatible.

The sixth chapter advances holistic care as a comprehensive healing tool for distressed children in Plateau State, Nigeria. Bearing in mind the recent popularity of holistic approaches to healing and wellness, the chapter will investigate the historical roots of this approach to healing and its resonance with the Christian soul care movement. The chapter will further discuss the meeting point between contemporary soul care and a holistic approach to wellness. It goes on to show how the program being proposed in this dissertation ensures a holistic approach to healing, whereby these various aspects of the person-- body, mind, spirit emotions,

¹⁵ David W. Augsburger, *Pastoral Counseling across Cultures* (Philadelphia: Westminster Press, 1986), 174.

relationships, institutional responsibility -- are all included in the process of healing. Traditional African therapeutic healing methods are also addressed.

Chapter seven discusses the implementation of the concepts identified in chapters five and six. It demonstrates the practical application of a holistic soul care approach for children in Plateau State, Nigeria. A school setting will be the recommended venue for what should be a pilot program. Borrowing from Capacitar healing practices and other approaches to healing, this chapter will present a healing program for children conducive to this context. It will also submit a list of organizations that have the potential to assist in successfully implementing the theories presented in the dissertation, such as religious institutions and other non-government entities and service clubs, notably the Girl's Brigade, Rotary, Kiwanis, and Lion's Club.

The eighth chapter offers a summary of the discussions, analysis and investigations done in the dissertation. It will also review the findings and suggestions made. Proposed areas for future and research will be discussed.

Intended Audiences

The primary intended audience for the dissertation includes leaders of religious organizations, churches, service clubs (Rotary, Kiwanis, Lions Club), and non-governmental organizations concerned with the psychological wellbeing of children in Plateau State, Nigeria. The dissertation also addresses my home denomination, the Church of Christ In Nigeria (COCIN) and Rotary Clubs of Jos, Nigeria. These audiences are primary because, by becoming aware of the government's lack of involvement in issues concerning children, churches and service organizations could seize this endeavor as an opportunity to partner with the government and other agencies. Last, but certainly not least, the audience for the dissertation includes the many

individuals who share the same passion of providing for children the resources that they need, and are entitled to, so that they might live full and useful lives.

Scope and Limitations

This dissertation is focused on the effects of trauma on adolescents and children in Plateau State, Nigeria and how to offer them successful treatment. Crises in Nigeria are not confined to children in Plateau State; however, attention to all regions of Nigeria is beyond the scope of this project. Ideally, the healing approach developed in the dissertation will eventually be adopted by other religious groups and organizations, but for the purposes of developing a pilot program, I emphasize one religious denomination and one service club, i.e. the COCIN Church and Rotary Clubs of Jos, Nigeria.

Contributions

This dissertation presents a previously undeveloped approach toward augmenting the care for children affected by conflict in Plateau State, Nigeria, an approach that is holistic and spiritual as well as psychotherapeutic. The dissertation calls for an intimate relationship with nature, a concept of the environment as a means of healing is a particularly new frontier in modern healing practices. The program Capacitar, a major resource for the dissertation, addresses healing of children but focuses on adults. My holistic soul care treatment program uses Capacitar to focus on the care of traumatized children. Similarly, Capacitar occasionally or indirectly works with religious organizations, while this dissertation focuses on a project directly engaging a specific Christian denomination.

Building on this general overview of the issues at hand, the second chapter investigates the history and roots of traumatic events in Nigeria, the context of this study. The discussion

explores the endemic nature of these conflicts from regional, ethnic, political and religious causes.

CHAPTER 2

NIGERIA: CONTEXT AND CONFLICTS

Introduction

The purpose of this project is to argue for a holistic soul care program for victims of trauma, especially children and adolescents in Plateau State, Nigeria. For this reason, I devote this chapter to explaining the complicated composition and conflicts of the Nigerian nation. Unless one has a picture of the complexity of Nigerian society it is difficult to comprehend why so much conflict continues to plague this great and wonderful country.

This introductory chapter is intended to help readers understand how consistent exposure to trauma in this society has been experienced until it has, so to speak, become the norm. When violence occurs continually it can become a part of life for a society, and it is taken for granted that a community does not know any differently. Any attempts to change the status quo could be viewed either contemptuously or as unnecessary. Nigeria, in my opinion, is in this position. The country seems to have coexisted with violence and traumatic experiences for so long that any efforts to change the issues that account for the violence seem helpless. I have subdivided the chapter into the following topics: *Conflicts Before 1914*, addressing conflicts in Nigeria before the coming of the colonizers; *Background to Contemporary Conflicts in Nigeria: Regional Ethnic Composition*, where I discuss how the ethnic composition of the regions contributed to violence; *History of Communal Conflicts* describes civic and political violence from the colonial period to the present; *Attempts to Implement Shari'a Law at the National Level* and *Membership of the Organization of Islamic Conference (OIC)* are related themes that address incidences that have created religious and political tensions that have persisted to the present day; *Religious*

Violence 1980-2005 explores a number of religious crises that have occurred in the country, ranging from intra-religious to inter-religious crises within or between Christian and Muslim communities; *Minority on Minority Conflicts: Mostly Land Related (Mostly Christian on Christian)* notes violence that has no religious or political inclinations, but has more to do with traditional land boundaries.

Conflicts Before 1914

Before the arrival of the Europeans in Nigeria there were small skirmishes between neighboring villages, which sometimes spread to larger communities. The first Europeans to arrive were mostly Portuguese, and they established the port-trading city of Lagos in 1472¹⁶ but did not move to the hinterlands. Their commercial activity at the port was not limited to material goods alone, but included slave trading, an activity that could not be carried out without violence.¹⁷ The merchants recruited indigenous people and supplied them with sophisticated arms to attack fellow natives. Both villages and large communities were destroyed through this violent activity. The defeated people were taken as slaves and sold to waiting merchants at the now-established port of Lagos, which eventually became the first capital city of Nigeria. In time, the Spanish took over the port town of Lagos from the Portuguese, expanding even further the slave business of the town.

The British, in turn, annexed Lagos in 1861 from the Spaniards, but continued the trading and slaving activities of the Spanish in the port town. The British would eventually colonize the whole country. This, of course, necessitated moving to the hinterland, which did not come easy.

¹⁶ Wikipedia contributors, "History of Lagos," *Wikipedia, The Free Encyclopedia*, http://en.wikipedia.org/w/index.php?title=History_of_Lagos&oldid=312183298 (accessed September 6, 2009).

¹⁷ Roots of the Atlantic Slave Trade
<http://www.lifelineexpedition.co.uk/content/view/38/86/> (accessed October 30, 2008).

The British encountered resistance from the people of the coastlines of western and eastern Nigeria before eventually prevailing. Movement northward to the more Islamic region of the country took place about 100 years later. This was a different kind of encounter. The Sokoto caliphate of Usman Dan Fodio was already established there with an effective administrative system in place as well as a standing army.¹⁸ They tried to fight back the British, but as with their counterparts in the South, the northerners were eventually defeated. The caliphate, however, maintained a workable relationship with the British, who decided not to interfere with their already established system of administration.¹⁹ Instead, the British maintained their power by a system that came to be known as “indirect rule.” By this system, the British dealt with the existing local hierarchy rather than interfering with the administrative system already in place. This level of colonial intervention was less confrontational than that carried out by the British in the south. However, by no means is this meant to say that the region was conflict-free during colonial times.

Historian Remi Anifowose has this to say about initial British intervention in the three major regions of Nigeria, that is the North, East and West regions:

Radicalism was not a permanent feature of the Nigerian crusade against colonialism. Nevertheless, we can identify some movements of resistances to the initial British penetration and occupation. Examples include the early militant resistance of the Delta rulers (such as the famous King Jaja) to European penetration of the interior; the defiance of King Kosoko of Lagos and the Sultan of Sokoto.²⁰

This period preceding the colonial time was one that revealed conflict of conquest by the

¹⁸ Oghosa E. Osaghae, *Crippled Giant: Nigeria Since Independence* (Bloomington: Indiana University Press, 1998), 2.

¹⁹ Osaghae, 2.

²⁰ Remi Anifowose, *Violence and Politics in Nigeria: The Tiv and Yoruba Experience* (New York: Nok Publishers International, 1982), 40.

Europeans in preparation for colonization. The newly established political structure did not help in releasing tensions; rather, it heightened suspicion and mistrust.

Background to Contemporary Conflicts in Nigeria: Regional Ethnic Composition

Oghosa Osaghae, Karl Maier and Toyin Falola suggest four main factors they believe have been contributing to violence in Nigeria. First is extreme ethnocentrism and mistrust of other ethnic groups.²¹ Nigeria, having more than four hundred ethnic groups has made it easy for this conduct to thrive. Osaghae goes on to add that a byproduct of ethnocentrism is nepotism.²² Second is regional consciousness, which results in protection by exclusion.²³ Third is finding a suitable political and economic position for ethnic minorities in the larger Nigerian context. Fourth is the relationship between the Northern Christian minorities of the country's Middle Belt area, (that is, the southern parts of the northern region) and the majority Muslim population.²⁴ An understanding of this complex situation, I believe, should help the reader to comprehend some causes of conflict and how they have become endemic to the Nigerian situation.²⁵ These four points will be addressed in greater detail later in the chapter.

Modern Nigeria began as two separate entities: the Northern Protectorate of Nigeria and the Southern Protectorate of Nigeria. Each had a separate colonial government administered by the British. In 1914, the two protectorates were amalgamated into what became known as Nigeria.²⁶ But at the amalgamation there were further divisions. The Southern Protectorate was

²¹ Chinua Achebe, *The Trouble with Nigeria* (Enugu, Nigeria: Fourth Dimension Publishing, 1983), 6.

²² Osaghae, 58.

²³ Ibid., 7.

²⁴ Karl Maier, *This House Has Fallen: Midnight in Nigeria* (New York: PublicAffairs, 2000), 194.

²⁵ Osaghae, 9.

²⁶ Ibid., 2.

divided in two, each reflecting the dominant ethnic groups. The south-eastern section, popularly known as “The East” in Nigerian political lingo, was dominated by the Ibo ethnic group. The southwest, dominated by the Yoruba ethnic group, popularly became known as “The West.” The northern region, known simply as “The North,” remained intact, dominated by the Hausa-Fulani ethnic group. I use the word “dominated” because in each of these regions, the larger ethnic groups have smaller ethnicities among them, who are always referred to in Nigerian political lingo as the “minorities.” This division drawn on ethnic lines further encouraged *ethnocentrism*.

The respected Nigerian historian, Toyin Falola, observes that though the amalgamation or union had been enacted, the average Nigerians were more loyal to their respective *ethnic-regions* than to the central federal government.²⁷ As a result, the union was a weak one. In addition, the three dominant ethnic groups had always viewed each other with suspicion out of fear of domination, and this hindered any cooperative effort. We shall soon see how these suspicions have played a role in the complexities leading to independence and the violence that ensued.

One problem produced by this situation, Falola continues, is that the *minorities* in these regions have alleged continued oppression by the larger ethnic groups. They claim being ignored, giving rise to their struggle for identity and recognition. Most of their complaints have come from what they see as a lack of fair representation in the running of the federal government. When it comes to the allocation of revenue or the establishment of projects, they claim their areas have been left out or not given what they deserve. With regard to Nigerian socioeconomic, political, and religious policies, they have felt deliberately overlooked in the distribution of appointments and development projects. For the most part, the minority groups feel these advantages were given by the Federal Government to the majority ethnic groups.

²⁷ Toyin Falola, *The History of Nigeria* (Westport, CT: Greenwood Press), 118.

In his book, *This House has Fallen*, Karl Maier discusses the issue of minorities, both in the north and the south of Nigeria. He explains that in addition to the fear of political domination, northern minorities, who are mainly indigenes of the southern areas of the Northern region (also known as the Middle Belt) claim marginalization and oppression because of their religious affiliation.²⁸ These minority ethnicities predominantly profess the Christian faith, which puts them at odds with Islam, which has had a dominant following in this region. The Christian minority in this region resent the British post-colonial policy that left them under Islamic rulers. They feel it was an unfair decision because they were not ruled by the Muslims before the arrival of the British. The British, these Christians believe, took this action to avoid conflict with the Northern Muslims who were easier to colonize by indirect rule than the predominantly Christian southern parts of the country. Consequently, the *Northern Christian minorities* claim a lack of recognition and acceptance as equals because of their creedal confession. They have complained of persecution due to their religious and minority position. They have accused the predominantly Muslim establishment in the region of requiring people's conversion to Islam in order to attain certain political positions or to get major administrative appointments. Such acts they feel are efforts to eradicate their faith, customs, and identity.

Maier notes that southern minorities, who occupy the oil-rich sectors of the region, allege being denied a fair share of the oil revenues, while the larger ethnic groups are favored.²⁹ The southern minorities also feel that oil companies and the federal government have not given them fair compensation for their land. They allege inadequate development of their areas, though it is

²⁸ Maier, 220.

²⁹ Ibid., 112.

their land that produces the largest revenue-yielding resource in the country.³⁰ Moreover, given that oil companies continue to wreak environmental havoc, they feel the federal government has not done enough to stop such abuses which, they argue, would not have been tolerated in areas occupied by the more dominant ethnic groups.³¹

Having observed the background to these conflicts in the pre-colonial era, the following section will analyze conflict from colonial times to early independence. The “Western Crisis” (referring to Western Nigeria) of the mid 1960s seems to have been the turning point, after which violence was observed everywhere.

History of Communal Conflicts

Colonial Period 1914 - 1959

Crises of Egba – 1918, Aba – 1929, and Kano – 1952

Anifowose identifies three major crises that occurred in the colonial period. First was the Egba crisis of Lagos, against the British administration. Forced labor had been the means used by the British to get people to contribute toward development. Each male citizen was required to do uncompensated work for the administration on projects such as road and bridge building. In 1918, the British administration felt it more expedient to tax the population rather than use forced labor.³² Reaction to the change was violent. People rioted and the administration had to use force to quell the situation.

Second is the Aba women’s riot of 1929, when women traders in the town of Aba reacted to a rumor that they would be required to pay taxes. The women went on a rampage in Calabar and Owerri Provinces, attacking chiefs and colonial officers. The riots were so violent that the

³⁰ Ibid., 112.

³¹ Ibid., 94.

³² Anifowose, 41.

whole area had to be cordoned off for a number of days. Just as it was with the Lagos incident, law enforcement had to be brought in to control the situation. The incident left forty five women dead and fifty wounded.³³

The third crisis was the upheaval in the city of Kano, known as the Kano Riot of 1952. The North was at this time apprehensive about independence, fearful that the well-educated south would dominate the North; the more academically advanced South was openly eager for independence. Thus, the tension grew between these two sections of the country. The South's long history of connection with the Western world (300 years) gave it early access to Western education and the advantage over the North.³⁴ Also, the North's Islamic tradition did not encourage an eager response to Western education. Northerners, afraid that they might be forced into a situation for which they were not prepared, protested to the British administration. They also staged riots to express their opposition. The clash became bloody; casualty figures were reported as 36 dead and 277 injured.³⁵ Note that the Kano riot was not a Northern protest against British rule; rather, it was a reaction against Southern Nigeria's request for independence. Hence, it could be described as an "internal matter" between Nigerians. The North and South lived by the rule of fearing the other, and trusting only their own. The southern part of the country was intimidated by the North's geographical and numerical advantage, and were afraid this would be used against them. Because the North did not have the depth of education as did the South, they feared they would be overrun administratively and commercially. It was on this fragile foundation, describes Anifowose, that Nigeria gained its independence in 1960.³⁶

³³ Anifowose, 42.

³⁴ Maier, 11.

³⁵ Anifowose, 48.

³⁶ Ibid., 56.

Northern Minority Ethnic Groups, Christianity, and Islam

Anifowose, in his book, *Violence and Politics in Nigeria: The Tiv and Yoruba Experience Violence and Politics*, describes the Tiv Riots and The Western Crisis, noted as the two most violent crises that have had a lasting impact on Nigeria's political trajectory. The former led to a weakening of the Northern Regions' hegemony, while the latter led to the Civil War.

Uprisings from the Tiv people in 1952, known as The Tiv Riots were, as I just mentioned, some of the earliest and most violent experiences the country had before independence. The root of these riots, Anifowose observes, were politically, religiously and ethnically oriented. The Tiv is the largest minority group in Northern Nigeria. They were adamant against Islam, a position they claimed did not auger well for them with the predominantly Muslim Hausa-Fulani political establishment of the North. The dominant Northern political party, the Northern People's Congress (NPC), was viewed as oppressive and a symbol of Islamic propaganda. Because the Tiv had adopted Christianity, they were highly suspicious of joining the largely Islamic political party, which could imply a compromise of their faith. Not only did they reject the pro-Islamic party, they also encouraged other ethnic minorities of the North to establish their own political party in opposition to the northern "pro Islamic party."³⁷ But this would not happen without violence and bloodshed, and thus the Tiv became synonymous with conflict and violence. The struggle would continue intermittently until 1964, after independence, with the most violent years being between 1960 and 1964.

³⁷ Ibid., 86.

The Tiv Riots marked the beginning of conflicts in this region. We shall revisit the contemporary Middle Belt and observe the same crisis emerging in a different form, but all these conflictive events essentially have the same roots.

Conflicts After Independence

The Western Crisis 1965 - 1966

The Tiv riots mentioned above started before independence (1960) and continued afterwards. They were soon to be overshadowed by what came to be known as the Western Crisis, events that eventually threatened the unity of the country. The Western region of the country got into a political mess after a misunderstanding between two prominent political figures of the region that led to widespread bloodshed. Anifowose describes the violence in these words:

During the unrest, a total of 153 persons, including eight policemen, were officially reported killed. Of those, sixty-four were alleged to have died as a result of police action, while ninety-one died as a result of attacks by other civilians. However, the official toll of 153 (announced in the Federal Parliament) was believed by many to be a fraction of the true figures of those killed. Some observers put the figure at about over 2,000 with several thousands more seriously injured.³⁸

The imposition of martial law to quell the problem would only further escalate the situation. This would lead to the first military coup of January 1966.

Military Coups – January and July 1966

The first military coup of January 15, 1966, was led by a group of young army officers in what they claimed was an effort to get rid of corrupt politicians. The Prime Minister of the country was killed in that operation as were two regional Premiers, the highest positions in the

³⁸ Ibid., 244.

regions.³⁹ Of the twenty seven casualties of the January coup, Falola observed that only one was from the region of the majority of the coup plotters.⁴⁰ When things settled down, it was learned that casualties of the coup from the Prime Minister's region were high: all senior army officers from that region had been assassinated, with the exception of one who had escaped. The coup eventually brought to power the head of the military; though he had not participated in the coup, he was from the same region as the coup plotters.

Falola further reports that this incident created a lot of resentment among soldiers from the region who had lost prominent political and military leaders.⁴¹ Having started on a path to settling political scores by bloody means, Nigeria was to witness yet another round of bloody government change. Dissatisfied with the outcome of the previous coup, and afraid of what might be coming next, soldiers from the region badly affected by the previous coups staged a counter coup about six months later.⁴² As expected, it turned out to be another bloody operation. It was followed by communal tensions and retaliation killings of people from the ethnic group suspected of being responsible for the first coup. In this atmosphere of suspicion, hate, confusion, and bloody communal conflict, one of the regions decided to secede from the rest of the country. This led to the Nigerian Civil War.

The Civil War – 1967 to 1970

Soldiers on both sides in the Civil War engaged in battles that left scores of people dead. Though it was certainly a very difficult time for the whole country, it was of course worse in the war-affected region. This was one of the periods in which the suffering of children became

³⁹ De St. Jorre, 30.

⁴⁰ Falola, *History of Nigeria*, 117.

⁴¹ Ibid., 118.

⁴² Ibid., 118.

particularly evident, as images of malnourished and sick child victims of the war appeared in print media. De St. Jorre describes some of the diseases that affected children as a result of the war:

The overall problem was starvation but it was a twin-barbed killer – even its names. marasmus and kwashiorkor, have a deadly ring...Tiny children were the worst hit with their soft fluffy ginger hair and almost fleshless skulls; shoulders like miniature coathangers and ribs that stood out in delicate relief. From breast-bone downwards, an obscene contrast began: swollen bellies and over-blown legs and ankles where the flesh had started to peel off like the skin of a tomato fresh from boiling water...the great majority of deaths on both sides of the fighting came from kwashiorkor.⁴³

The Civil War hostilities lasted about two and half years. An estimated one million people lost their lives as a result, half of whom were children. Of course there was no psychotherapeutic care for children after the war.

Public Executions of Convicted Armed Robbers, 1970 - 1995

After the war, the social life of the country changed drastically. Before the war, civilians knew very little about arms or ammunition, and contact between soldiers and civilians occurred seldom, since soldiers were confined to their barracks. Civilian ownership of arms was extremely rare, since the process of acquiring permits was very stringent and owners were closely monitored by the authorities. The transition period between war and complete peace between 1970 and 73 saw a huge number of soldiers living among the populace. The free mingling of soldiers and civilians led to arms getting into the hands of unscrupulous civilians. Armed robbery suddenly became a major societal problem, something that not so long before was virtually nonexistent in the society. In its bid to deter such a menace to society, the government imposed stiff penalties on offenders. The punishment for those found guilty of armed robbery was death by firing squad. The executions were carried out in public with the

⁴³ De St. Jorre, 238.

intention that making a spectacle of such criminals would deter others. As a deterrent, it was ineffective. Armed robberies continued, as did the executions of the criminals found guilty. The Integrated Regional Information Network (IRIN) for West Africa, a United Nations humanitarian coordinating office, describes an execution scene in Nigeria. Though this particular incident took place in 1998, it is typical of an ongoing practice since the early 1970s.

Six common law prisoners were publicly executed on Saturday by firing squad before a chanting crowd of some 2,000 people at Kirikiri high-security prison in Lagos, media reports said at the weekend. The six, convicted on various charges of armed robbery, had been in jail six years before they were led chained and manacled before an eight-man firing squad on Saturday morning. The prisoners, who were not blindfolded, were given Islamic and Christian last rites, allowed to make brief statements to a journalist, and then shot.⁴⁴

The execution grounds were open to all regardless of age. Children therefore also trooped to the execution grounds by the hundreds.

As part of the transition plans to hand over power to a democratically elected civilian government begun in 1977, Muslims requested to have the Islamic Shari'a law included in the new constitution. The next section discusses this issue in detail with particular reference to the Northern Christians, who are very suspicious of the true intentions of this demand.

Attempts to Implement "Shari'a," Islamic Law at National Level

The heightening of religious tensions between the Christians and Muslims in Nigeria began with the latter's proposal to introduce shari'a law as the code of justice in the Nigerian legal system at the constitution drafting assembly of 1977. Maier puts it in these words, "The

⁴⁴ United Nations, Office for the Coordination of Humanitarian Affairs, Integrated Regional Information Network for West Africa, IRIN-WA Update 151 of Events in West Africa (Saturday-Monday) 21-23 February 1998 <http://www.africa.upenn.edu/Newsletters/irinw151.html> (accessed November 10, 2008) .

constitutional debate unleashed the potentially troublesome genie of sharia Islamic law.”⁴⁵ Since constitutionally Nigeria professes to be a secular state, Christians argued that the constitutionality of having two separate legal codes in one country was not attainable, and that it would also contradict the country’s secular position. Christians of the Middle Belt were particularly vocal and led the opposition in the constitution drafting assembly. They viewed it as the final assault toward the Islamization of their now fairly strongly established Christian regions of the North.⁴⁶ The constituent assembly could not secure enough votes to pass it into the constitution. Since then, Christians in the Middle Belt have become extremely alert to ensure that nothing catches them unawares again. But this extreme vigilance might have had its own negative fallout, because the Muslims not pleased with the outcome of the shari’a saga felt it was a deliberate act to deny them a religious “obligation.” An already bad relationship only got worse. No one benefited from the aftermath of that development. I don’t think it is as simple as Christians winning or Muslims losing. Ohadike has this to say about the 1977 shari’a controversy: “Nevertheless, the demand by Nigerian Muslims for a Federal Shari’a Court of Appeals was never killed; it was simply swept under the carpet and has surfaced from time to time over the last ten years.”⁴⁷ Today this observation is being confirmed; having failed to implement shari’a at the national level, Muslims have turned to the states. Within the past 10 years shari’a has been implemented in states with a clear Muslim majority. At least ten of the northern states have implemented the Islamic legal code.

⁴⁵ Maier, 14.

⁴⁶ Ibid., 14.

⁴⁷ Don Ohadike, “Muslim-Christian Conflict and Political Instability in Nigeria,” in *Religion and National Integration in Africa : Islam, Christianity, and Politics in the Sudan and Nigeria*, ed. by John O. Hunwick (Evanston, IL: Northwestern University Press, 1992), 118.

Christians, especially those in the Middle Belt, have viewed this as an attempt to Islamize them, says Gbenro Olajuyibe. Under Shari'a law, the government reserves the right to use monies from government funds for the promotion of Islam, such as for the building of mosques and the establishment of Islamic schools or any other venture that would advance the cause of the religion. Also, shari'a closes any possibility for non-Muslims to attain the higher positions in government. For example, the influential position of becoming state governor would be impossible for a non-Muslim to attain under shari'a law. States in the Middle-Belt region with significant Christian populations have not implemented the law. However, states with smaller Christian communities have implemented the law, but not without resistance from the minority Christians. In certain areas it has ignited religious conflict with severe consequences. An example follows.

“...government signed the law on the implementation of Sharia Legal System in Bauchi State,” which took effect from June 1 2001 and was to be implemented in full scale throughout the State. The posting of a Sharia Judge to the Tafawa Balewa areas to commence the implementation of Sharia prompted a demonstration by Christian Youths. On Jun 18, 2001 which was to mark the commencement of the Sharia implementation in the area, some Moslems youths allegedly started chanting slogans like, “Sharia dole,” meaning “Sharia a must.” This led to a clash between the Christians who saw sharia as an imposition and the Moslems who say it is obedience to Islamic injunction. Many people were killed and property destroyed including parts of a Bible College.”⁴⁸

Similar to the shari'a law incident just discussed, a new military leadership was alleged to have registered Nigeria into full membership of an international Islamic institution, the Organization of Islamic Conference (OIC). In the coming section we shall discuss the issue of the OIC membership, an idea that terrified Christians in Nigeria, particularly those in the Middle-

⁴⁸ Gbenro Olajuyibe, *Middle Belt, Not Killing Belt: The History, Dynamics and Political Dimensions of Ethno-Religious Conflicts in the Middle-Belt* (Abuja: ActionAid Nigeria, 2008), 16.

Belt region. It seems to have been settled when it first came up in the 1980s, but it continues to be a controversial matter.

Membership of the Organization of Islamic Conference (OIC)

Probably underestimating the severity of ongoing crises regarding the shari'a and other issues, the military government led the country into membership of the Organization of Islamic Conference, or OIC.⁴⁹ Knowing the fragility of the Nigerian people when it comes to matters of religion, one would expect better judgment. Falola argues that this action was probably taken by the unpopular government in an effort to secure the support of the Muslim community.⁵⁰ Any action that would further escalate an already volatile and charged environment is to be avoided at all costs.⁵¹ This blunder contributed to the unsettled conditions of the country and had lasting ramifications.

The Organization of Islamic Conference is an international Islamic body that brings Islamic countries together. Member countries, it says, benefit variously through development and economic support in the form of loans. Nigerian Christians, Falola says, had a different opinion of the Organization, based on its charter. According to their studies, one of the goals of the organization is to promote Islam. Member countries are expected to contribute financially toward achieving the goals of the organization. Nigerian Christians, therefore, view the OIC as a purely religious organization in which Nigeria should not participate since it is a secular state. Muslims, on the other hand, claim that membership in the Organization will bring economic benefits to all Nigerians, as was mentioned earlier. Christians, nonetheless, remain suspicious

⁴⁹ Toyin Falola, *Violence in Nigeria. The Crisis of Religious, Political and Secular Ideologies* (New York: University of Rochester Press, 1998), 95.

⁵⁰ Ibid., 95.

⁵¹ Ibid., 98.

that there are ulterior motives that are not being disclosed. The Christians went on to cite portions of the Organization's charter which presumes that all members are Islamic states:

... [A]rticle 2 section A(i), declared that the major aspiration of the OIC was "to promote Islamic solidarity among member states"; and that since the OIC was an association based on religion, its interests were at variance with the aspirations of Nigeria, a secular state...[F]uture heads of state and ministers of external affairs had to be Muslims,...article 7(i), in stating that "all expenses of the administration and activities of the secretariat shall be borne by member-states according to their national incomes," implied that Nigeria's resources would be used to propagate the course of Islam.⁵²

Christians, Falola writes, vehemently protested the move as they used all forms of media publicity at their disposal to voice their disapproval of the country's membership in the Organization. They pointed out that national membership of the World Council of Churches, an organization they see as a counterpart to the OIC, would be a reciprocal gesture on the part of the Christians. Realizing the tensions and possible disaster this action could cause, the government backed down, "suspending" membership in the Organization.⁵³

Though the Christians seem to have achieved what they wanted with the membership withdrawal, the repercussions of this "accomplishment" had already heightened tensions and certainly could be credited for the violence that ensued throughout the decade. One could hardly deny that part of the reason for the Muslims' violence was a reaction to the OIC problem.⁵⁴ After all is said and done, Christians were unconvinced about the genuineness of the claimed withdrawal.

The OIC controversy seems to be looming again. As recently as April 2008 Christians claimed to have identified actions by the federal government that suggest the possibility of

⁵² Ohadike., 119.

⁵³ Falola, *Violence in Nigeria*, 102.

⁵⁴ Ibid., 102.

Nigeria's continuing membership of the OIC. They have accused the current president, who is Muslim, of taking the country back into the Organization. The following is a summary of a publication on this subject by a Nigerian daily newspaper, *The Daily Champion*.⁵⁵ In this discussion a prominent Christian leader, Elder Dogo, who is also the General Secretary of the Christian Association of Nigeria-CAN (the body that unites all Nigerian Christians), expresses his communities' opinion of Nigeria's OIC membership. Elder Dogo is responding to a statement made by the current Nigerian Minister of State for Foreign Affairs, Alhaji Tijani Kaura, a Muslim, in which the minister revealed that Nigeria is a full member of the OIC. Dogo stated that such a statement explained why the president went on an undisclosed visit to Senegal the previous month. According to Elder Dogo, the OIC held a heads of state meeting in Senegal; thus the president was in attendance, but the country was not made aware of that meeting. The secretary general went on to warn of the consequences that would result from the OIC issue not having been resolved in spite of the controversy it generated in 1986. He blamed the military government at that time for attempting to "smuggle" Nigeria into the Islamic body. He went further to express the Christian community's strong opposition to the membership. He questioned why this matter has always been "shrouded in secrecy." The Elder went on to remind people that, as a secular state, the country cannot be a member of a religious organization. He brought up the previous argument that if Nigeria were to claim membership in the OIC, then it should also take membership in the World Council of Churches (WCC), which he claims has done more for Nigeria than the OIC. He gave examples of WCC's contributions towards Nigeria's development in the form of scholarship awards and medical equipment supplies.

⁵⁵ John Shiklam and Innocent Okonkwo, "We'll Resist Membership in the OIC – CAN," *Daily Champion*, April 2, 2008, 7.

The stalemates on the shari'a issue and OIC memberships have by now generated further tensions, with both sides not willing to yield. Falola succinctly describes the scenario in these words, "The acrimonious controversies over the issues of state security, al-shari'a, and the OIC have created an atmosphere conducive for violence."⁵⁶ The next section examines the consequences of this deadlock. First were conflicts that ensued among Muslims, then between Muslims and Christians. Virtually all of these conflicts happened in the region referred to as the Middle-Belt.

Religious Violence

Religious conflicts in Nigeria can be put in two categories. First is the type that happens between adherents of the same faith, usually referred to as intra-religious conflicts. This normally results from differences in interpreting the faith or from doctrinal difference.⁵⁷ Second is the conflict between two entirely different religious belief systems, inter-religious conflict. While intra-religious conflict can be quite brutal, we shall soon discover that inter-religious conflict is typically more intense, longer lasting, and more of a threat to the existence of a community and society as a whole. Because they elicit both religious and ethnic sentiments, inter-religious conflicts have proven to be more devastating and threatening to the unity of the country. Admittedly, religious adherence in Nigeria is 90% along ethnic lines. Thus ethnic and creedal allegiances are viewed as most essential to the individual's identity, which is why people defend their faith at all costs. At times one does not know which of the two is taking precedence, ethnic loyalty or religious allegiance. Even the proponents themselves at times find it hard to articulate which they are fighting to protect. Intra-religious conflicts have been most common

⁵⁶ Falola, *Violence in Nigeria*, 102.

⁵⁷ *Ibid.*, 230-34.

among Muslims in northern Nigeria. Much of it originates among Muslim sects that disagree with certain teachings and decide to effect change by violent means. The established religious order is usually challenged by new teachings coming from newly established sects under the guidance of self-proclaimed Imams (Muslim clerics). Typically, Falola says, these differences are not settled peacefully but through force. In the event another crisis should arise, which normally happens after about one to three years, the new group claims to have identified a new problem that needs to be addressed. Though the demands of this new group may differ from those of the previous one, the violent pattern is always identical.⁵⁸ Falola identifies inter-religious crises in Nigeria that have most commonly occurred in the Middle Belt region of the country, from the early 1980s to present. It is helpful to get a good sense of what occurred in the region as a whole before moving on to specific crises.⁵⁹

The middle region of Nigeria has the largest number of small ethnic groups, totaling approximately 15 million people.⁶⁰ Many of these people are believed to be descendants of the ancient Nok culture, an identity that gives them some feeling of a common heritage and kinship.⁶¹ Maier describes how virtually all minorities of the Middle Belt resisted the seventeenth-century Jihad of Usman Dan Fodio, a Fulani chief who conquered and Islamized the largest ethnic group in the country, the Hausa people. He goes on to explain their experiences of occasional raids in search of slaves under the Caliphate as reasons that led to their deep resistance of Islam, preferring to retain their animistic beliefs. However, they were enthusiastic to the Christian faith, which came to them about a century later through missionaries, as these

⁵⁸ Ibid., 227, 230.

⁵⁹ Maier, 194.

⁶⁰ Ibid., 193

⁶¹ Ibid., 212-13.

minority groups converted to Christianity in droves. After their conversion to Christianity, they maintained the distant relationship with the remnant Muslim Jihadists that had established settlements among them. The advent of politics changed the hitherto fairly decent relationship to one of antagonism and suspicion.

The Northern region of the country is predominantly Muslim, which means that Muslims hold the top political posts. Maier observes that political activities changed in many areas of the Middle-Belt when all regions of the country were dissolved and split into smaller states. The Muslims became a minority group in some of these Middle-Belt states, where previously they enjoyed a majority because of the larger Islamic population of the Northern region. It is from these states that most of the crises have come.⁶² The ethnic Christians consider themselves the “indigenous” people of the local areas and see the Muslims as “settlers.” Since they have no significant influence on political activity at the higher levels, the minorities feel a strong obligation and commitment to defend local political activity and administration, which they see as something they “own.”

Since democratic politics is about representation, the indigenes have always felt threatened and undermined by the former jihadists, whom the indigenes now call “settlers;” but the Muslim have tried to represent the Christians in local politics. Maier describes their fears thus: “This perception that Hausa and Fulani people control Nigeria runs deep among non-Muslim people of the Middle Belt.”⁶³ This has heightened ethnic awareness by the minorities in defending what they claim is their identity, integrity, and rights. They feared that the Muslims’ assumption of positions of power would render them totally voiceless at all tiers of government.

⁶² Ibid., 194.

⁶³ Ibid., 221.

Certain parts of the Middle Belt see this as reminiscent of the imposition of emirs (Islamic rulers) on them by the colonialists.⁶⁴ On one hand, political power at the local level was considered to be the one opportunity left to them to govern themselves and be of relevance in the Nigerian political equation. On the other hand, the more affluent Muslim community felt that participation is equally their right as citizens of the country, and a symbol of their integration into the local community. For their part, the indigenes viewed this as an effort toward total political and economic dominance over them at both the local and the national levels.⁶⁵ Still more intimidating to the indigenes was their financial servitude, compared to the unfair advantages which the Muslims enjoyed. In conversation with Maier, this is how a local indigenous chief claims their experience of economic oppression.

The government has been run by the Hausas. All the big contractors are Hausas. Nobody from one of our tribes has ever won a contract for over a million naira. But the Hausas will get 100 million naira, 200 million naira. The government wants the economy to remain strictly controlled.⁶⁶

This inequality of power easily leads to tense conditions that can escalate into communal conflicts, as indeed was the case in the Nigerian Middle Belt. We shall be looking at how this scenario has led to conflicts between these two groups in virtually all parts of the Middle Belt.

Muslim-on-Muslim Conflicts

Falola observes that large scale religious violence in post-independence Nigeria was experienced from 1980-1985, when the violence became more widespread and harder to control. A panel of inquiry on the disturbance attributed it to “political decadence and economic troubles

⁶⁴ Ibid., 209.

⁶⁵ Ibid., 221.

⁶⁶ Ibid., 221.

of the 1970s.”⁶⁷ The conflicts in many ways threatened social life in large segments of the country. The first phase was the intra-religious conflict among Muslims, which was based on doctrinal differences. A common pattern about Islam in Nigeria is that differences are normally settled by violent means.⁶⁸ Dissatisfied with the status quo in religious practices or teachings, conservative imams accuse the mainline denominations of complacency or wrong teachings, which they claim do not reflect the original teachings of the prophet Mohammed. Thus, they call for a revival of the faith. Revivalist preachers, who normally hold conservative extremist views, are those whom Falola articulately described as one of the main causes of religious conflict in Nigeria:

A final point concerns religious revivalism that has become so common in Nigeria. One trend in contemporary Nigerian religion is an increasing commitment to issues of faith and aggressive proselytization. Religious differences and doctrines are presented in sharp contrast. Various revivalist groups are intolerant of one another, disagree over interpretation of doctrine, and view proselytization as warfare. In the media, the trend is labeled fanaticism. So-called fanatics are blamed both by the media and by the government for causing religious violence, a narrow perspective that limits possible solutions to the crisis. Revivalism is not restricted to Islam, as some authors seem to believe; evangelical Pentecostalist Christians continue to exhibit tendencies of revivalism.⁶⁹

The revivalists, according to Falola, start by reforming their own faith community, an act usually done with great enthusiasm.⁷⁰ The goal is eventually to spread out to non-believers, which would be anyone who does not replicate their type of belief and practices in precision. This explains why no one should feel safe when an intra-religious conflict occurs. It has been observed that the imams who lead these groups are usually charismatic and very influential, especially on the younger generation, feeding them with extremist views.

⁶⁷ Falola, *Violence in Nigeria*, 138.

⁶⁸ Ibid., 227.

⁶⁹ Ibid., 16.

⁷⁰ Ibid., 228.

The Maitatsine Religious Uprising – 1980 - 1985

Modern Nigerian Islam, and the country as a whole, was shocked at the emergence of a self-proclaimed revivalist imam, Mohammadu Marwa, alias Maitatsine; it is believed he originally migrated from the Cameroons.⁷¹ He was able to establish his base in Kano, the largest city in Northern Nigeria, which is also the largest Muslim metropolitan community in Africa. Ohadike discusses how Maitatsine taught his followers, who were mostly adolescents and young adults, that their religion has been destroyed by modernization of Western consumer goods, such as radios, watches, automobiles, TVs and even buttons.⁷² Influences such as these, declared Maitatsine indoctrinating his followers, have corrupted the religion, he said, and it was their duty to take up arms and clean up what he saw as adulteration of Islam.⁷³ Given that these young adolescents have not been exposed to any form of teachings other than schools run by Islamic Malams (teachers), these children have no alternative frame of reference, understanding, or judgment, beside that of their religious teachers. It therefore becomes easy to exploit the innocence of these young people. Falola describes Maitatsine as a charismatic teacher who was able to gather around him an estimated 12,000 young men who devoted themselves to him and his teachings.⁷⁴ After taking time to collect arms, they started their own “jihad,” but it was against the Muslim establishment. They took over some mosques, after indiscriminate killings in and around the mosques. Though anyone in their path was killed, their target was the “fallen Moslems” whom Maitatsine claimed had betrayed their religion. For a good number of days the group, which has since come to be known as the Maitatsine, the leader’s sacred name, went on a

⁷¹ Ohadike, 114.

⁷² Ibid.

⁷³ Falola, *Violence in Nigeria*, 143.

⁷⁴ Ibid.

killing rampage in the city of Kano, with their initial focus on capturing various mosques in the city. Once they succeeded in taking a mosque, they murdered those innocent worshipers unfortunate enough to have been there at the time. An estimated 5,000 died in the city of Kano alone from December 18 – 29, 1980.⁷⁵ The police had to be called from neighboring cities to quell the situation. It turned out that the police action was quite effective in rooting them out of the city of Kano. Marwa, the leader of the group, was killed in the attack, but the followers spread out to other parts of the country, mainly the northern cities. It was thought that his death would end the movement, given that momentum for such groups is typically centered in their founding leader. But events were going to take a surprising turn.

As the government tried to calm the public and investigate how a group that had seemed so insignificant could inflict such serious harm to society, the trouble spread to neighboring cities with great velocity. Fanatics who escaped from Kano to these cities launched deadly attacks in what Falola describes as being repeated in similar patterns.⁷⁶ By now they had mastered police tactics, and most of the time the police were no match for them. In the far northeastern state of Borno, next to the Chad republic, the same group started what came to be known as the “Bulunkutu Crisis.” It turned out to be quite deadly, with an estimated 300 people killed in a matter of two days.

Just south of Borno state, Gongola state experienced a deadly attack by the Maitatsine group. This attack was launched on the largely Muslim community of Jimeta and came to be known as the Jimeta Crisis. Again in 1985, Ohadike reports, 760 people, mostly women going

⁷⁵ Ibid., 137.

⁷⁶ Ibid., 161.

about their normal daily routine, fell victims of this religious sect.⁷⁷ By the end of the Maitatsine religious conflict in this town the total number of casualties was hard to count, since many had to be taken from the streets and burned after days for fear that their decomposition would cause the ill health of survivors. In Ohadike's account of the events, it was hard to know the actual number of casualties. In his estimation those killed range from 400 to 7,000, a majority of whom were Muslims.

The southern parts of the country did not experience the Maitatsine crisis; the closest that they come to experiencing it was in the city of Lagos. Fortunately, the government was tipped off about the intended mayhem to be unleashed on fellow Muslims in the city, and its quick intervention thwarted the attack. Ohadike gives us a sense of just how violent the group was:

In 1982, his followers struck in Bulunkutu on the outskirts of Maiduguri and also in Kaduna, causing the loss of about 400 lives. Many of the fanatics were rounded up by government forces, but this did not check the sect's activities. Barely two years later they struck again in Jimeta in Gongola State; 760 were killed. Again in 1985, they attacked their real and imaginary enemies in Gombe, Bauchi State, causing the deaths of over 100 people. Later that same year the fanatics assembled in Lagos to unleash their terror on that city, but members of the armed forces arrived in time and rounded up over six thousand of them⁷⁸

This quotation refers to only a very few of the Maitatsine's attacks, as they were also active in many other parts of northern Nigeria. As Falola says, at one time the Maitatsine were so dreaded that "at the mention of the name people went on a stampede."⁷⁹

Muslim-Christian Conflicts

Falola observed that tensions between Muslims took a different turn when, in 1982, Muslims set ablaze eight churches in the city of Kano.⁸⁰ Now the Nigerian political, religious

⁷⁷ Ohadike, 114.

⁷⁸ Ibid.

⁷⁹ Falola, *Violence in Nigeria*, 151.

and ethnic complexity comes into play. The central Middle Belt area, which is the southern part of the northern region, has witnessed most, if not all, of the series of conflicts between Muslims and Christians. Most of these conflicts may seem to be purely religious on the surface, but upon closer observation there is a deep historical feud that is brewing. Maier articulates the situation this way: “The Nigerian and international media describe the frequent clashes as religious riots, but in fact they stem from minority ethnic groups’ attempts to wrench themselves free from what they see as domination by the Hausa-Fulani establishment.”⁸¹

The indigenous people, who are mainly Christian and enjoy a majority status in their immediate localities, are a minority in the larger context of the northern region. Historically, the North was one political unit; the minorities claimed to have been oppressed by the Muslim dominant northern politics. Anifowose discusses the Middlebelt’s agitation to be carved out as a region, out of the northern region, but their request was denied.⁸² After the overthrow of that first government in a military coup, the new regime created several states out of the region, and this division reduced the power and influence of the large, homogenous northern region. The minority ethnic groups became the majority in a few of the newly created several states, giving them more political and administrative control of their own localities. This development reduced the Muslim communities living in these states to minority status, a position to which they had not been accustomed and which the indigenous Christian community claimed the Muslims did not want to accept. The relationship between the two communities continued to deteriorate as animosities grew. Muslims insisted on the right to participate in elective political offices, but the indigenes saw that as an attempt to dominate. Their fear was that history from the days of

⁸⁰ Falola, *Violence in Nigeria*, 169.

⁸¹ Maier, 194.

⁸² Anifowose, 85.

regional control could be repeated; the notion of allowing the larger ethnicities to participate in local political leadership caused significant apprehension.

The situation encouraged religious and ethnic sensibilities on both sides of the divide. As suspicion grew, so did mistrust, with the two sides pointing fingers at each other. Unfortunately, conditions worsened when a weak military dictatorship came to power in the mid 1980s.⁸³ For the zealots, this was the signal to strike.

The Preacher and the Sermon - 1987

The first major crisis was in Kafanchan, a town in central Nigeria. (The crisis came to be known as the Kafanchan Riots) Most crises are named after the town in which the trouble started. This crisis started as a result of a Muslim who had become a Christian preacher. The Christian students at Kafanchan College of Education invited him to preach in the college's chapel.⁸⁴ As is typical at Nigerian worship services, a loud public address system was used at the service. Falola reports that, in the sermon, the Christian preacher quoted the Koran to confirm a point in Christianity. On hearing the quotation made by the preacher, Muslim students allegedly rallied and attacked the Christian worshipers on the grounds that the message was offensive because the preacher had misquoted the Koran.⁸⁵ Within a few hours, Falola continues, the crisis that had begun on the college campus had engulfed the whole town of Kafanchan in a conflict between two faith-groups that profess to be religions of peace. Many people were killed; churches, mosques, and homes were burned. Law enforcement and the government intervened

⁸³ Falola, *Violence in Nigeria*, 188.

⁸⁴ Ibid., 180.

⁸⁵ Ibid.

to settle the crisis, but before they knew it, the conflict had spread to the much larger cities of Kaduna and Zaria. Hundreds of people were killed and a great deal of property was lost.⁸⁶

In crises such as these, the dominant group normally prevails. Kafanchan, for instance, was an area with a Christian majority that allegedly prevailed over the Muslims. Word spread quickly to large neighboring cities with larger Muslim populations. Falola elucidates that upon hearing the news from the pro-Islamic Federal Radio Corporation of Nigeria in Kaduna, which exaggerated the number of Muslim casualties, the much larger Muslim community in Kaduna and Zaria went on a rampage against the smaller Christian community in their midst.⁸⁷ Nearly a hundred churches in Zaria were burned down. Christians in the big city of Kaduna had enough time to prepare vigilante groups that defended their property, thus minimizing the losses to about 20 churches. An estimated 113 churches in all were destroyed. A classmate friend of mine and his family helplessly watched their home and church being set ablaze.

Investigating panels were set by both the state and federal government to quell and find the source of these problems. One would have thought that such a determined effort to find the source of the problems would ameliorate further conflicts, but that was far from the reality. Instead, it seemed as if the two communities were just waiting for the next round of confrontation.⁸⁸

Christians Subjects of an Emir, 1991

Next in this wave of communal conflicts was the Zangon Kataf crisis of 1991. This, like many other problems in this region, Maier argues, grew out of a deep-seated issue that had been worsening for years between the Christian and Muslim communities in the area. Maier further

⁸⁶ Falola, *Violence in Nigeria*, 184.

⁸⁷ Ibid., 183.

⁸⁸ Ibid., 188.

states that the indigenous (Christian) people of this area claimed that it was unfair to have a structure whereby their chief was chosen by an emir.⁸⁹ Such a reporting structure was unfair, they argued, since they are not Muslims. They wanted to choose their own chiefs as their neighbors did. They resented the emir's appointing their chiefs and interpreted it as an act of subjugation. Such structure, they claimed, was imposed upon them during the first political dispensation. Now they felt it was time for them to be emancipated from the feudal system they had endured under the emirs. Eventually, this issue, along with other growing political tensions, escalated into another wave of conflict between the two religious communities. The event that ignited this conflict, Falola says, was the establishment of a market that would serve both the Christian and Muslim communities. According to the indigenous people, Falola reports, the old market had been built on land they voluntarily gave to the Muslims in 1966.⁹⁰ They contended that Muslim control did not allow them to operate their businesses freely and fairly. For example, the current market forbids them from selling their locally brewed beer. The highest elected local politician, i.e., the local government chairman, who happened to be an indigene, along with his elected counselors came up with a plan to move the market to a neutral location where all parties could participate freely in commerce. The Muslims viewed the move as an attempt to deprive them of their commercial advantage, and so reported the case to the emir. But when neither party would concede, another crisis erupted in 1991.⁹¹ Reminiscent of the Kafanchan riots, churches and homes were burned, hundreds of people were killed, and many more were made homeless as a result of the crisis. The crisis raged for about two weeks, taking the form of a war, which made it hard for law enforcement to contain the situation.

⁸⁹ Maier, 209.

⁹⁰ Falola, *Violence in Nigeria*, 216.

⁹¹ *Ibid.*, 216.

In April 1991 in the town of Tafawa Balewa (within the same Middle Belt region, but a little further east), another crisis erupted. As with most places in this region, the native people of this small town are mostly Christian, but living among them is a minority Muslim community that has been established there for a long time and has made it home. Falola gathered two different accounts reporting the cause of this crisis. One stated that a Muslim bought meat at an abattoir from a Christian butcher.⁹² Another Muslim standing by told the Muslim customer that he had been sold meat slaughtered without the Islamic blessing of the Imam. The customer went back to return the meat, but the butcher would not accept the meat nor return the money. The Muslim took the butcher's knife and cut him on the arm. The second account states that when the Muslim bought the meat a fellow Muslim standing by told him that he had just bought pork, which is prohibited in Islam. The Muslim buyer, Falola went on, saw this as a deceptive practice by the Christian butcher and an insult to his religious dietary laws. This version reports that, without asking the butcher about the veracity of the claim, the Muslim took the butcher's knife and cut him on the arm. Christian butchers came to the rescue of their own; soon the whole town was engulfed in a severe crisis which left hundreds dead. Police, it is reported, could only watch the conflict as it was beyond their capacity to contain, especially in light of the fact that this was a small town with only a few policemen stationed in it.

Unfortunately, as it is with most cases of this kind in the Middle Belt of Nigeria, this conflict only led to bigger ones. When the injured and corpses were being taken to the city of Bauchi for treatment and autopsy, the truck carrying the corpses reportedly broke down.⁹³ As

⁹² Ibid., 204.

⁹³ Falola, *Violence in Nigeria*, 205.

the corpses were being transferred from the broken down vehicle to another vehicle, Falola reports that some Muslims who witnessed this event allegedly spread the word that all casualties were Muslims. The Muslims, the report states, allegedly gathered and organized what they termed retaliation to teach the minority Christians a lesson. Bauchi, the destination of the corpses, is a predominantly Muslim city, but it is also a heterogeneous metropolis with a good number of Christians, some from the southern parts of the country. The Muslims started killing Christians and burning churches and homes in the town. The street on which 90% of the churches in town were located, (though intentionally located far away from mosques to prevent conflicts between the two faith groups) were totally burned.⁹⁴ The only church that survived the mayhem happened to be located near a military barracks. The crisis is said to have claimed as many as five thousand lives. Homes and businesses were destroyed. A lot of people, Christians in particular, fled to the neighboring city of Jos, which has a Christian majority.

Jos Religious Riots 2001

Jos is the largest city in the central part of the country that is not dominated by Muslims, though it does have a significant Muslim population. Its traditional ruler is also Christian, unlike the other large northern cities that have emirs. The city is located on the high plateau, where the state derives its name. This elevated location gives it a temperate climate, something that is envied by many other Nigerian cities. The city has attracted many foreign organizations, making it home to two American schools, Hillcrest School and Kent Academy, established over 70 years ago to meet the needs of expatriate families from missionaries to miners and diplomats throughout West Africa. About ten major Christian denominations have their headquarters in this city.

⁹⁴ Ibid., 207.

The Muslim community, referred to as “settlers” by the indigenous people of the city, have always claimed ownership to the city, a claim that has infuriated the indigenes.⁹⁵ Because of its strong Christian presence, Jos has always been regarded as the city that will not experience inter-religious conflict; taking cues from past religious conflicts in Northern Nigeria, each crisis was started by a Muslim community in a predominantly Muslim town or state. Also, since it seems that most troubles have originated from among Muslim groups, it was not expected that Muslims would consider instigating any kind of conflict in Jos. This assertion was to be shattered on September 7, 2001. After Muslim *salah* worship at the Jos central mosque, mayhem ensued.⁹⁶ Unexpected in a place that had prided itself on being the city of “Peace and Tourism,” the town was now engulfed in communal conflict. The situation was to worsen over the next two days. Christians, who constitute the majority in the peripheries of the city, came in to defend what they considered their one and only city. After severe fighting from Friday to Sunday, some calm was finally restored, upon the arrival of a military detachment late on Sunday. But that was to be short-lived.

On September 11, 2001, three days after the Jos conflict had begun, the World Trade Center in New York, the Pentagon building in Virginia, and the hijacked plane that eventually crashed in Pennsylvania, took place. This rekindled enthusiasm among the young and restless Muslims who went on another wave of killings in solidarity with the terrorist attacks in the United States that day.⁹⁷ The communal conflict in Jos left as many as 1,000 dead and much property lost.

⁹⁵ Olajuyigbe, 13.

⁹⁶ Ibid., 14.

⁹⁷ Irit Back, “Muslims and Christians in Nigeria: Attitudes towards the United States from a Post-September 11th Perspective,” *Project Muse Today’s Research. Tomorrow’s*

Akin to most other incidences, the genesis of the Jos crisis comes with different versions, just as in the incident of the Christian Butcher and the Muslim Customer, reported by Falola above. Here I present the version I was told by a youth leader, named Bulus, at the Church of Christ in Nigeria (COCIN) headquarters in Jos. According to the young man, on that fateful Friday, a Christian woman was on her normal daily errands along with her baby. She came to a crossing point but it had been barricaded for prayer – at the time, a relatively new practice of Muslims in Jos. On Fridays before the *salah* worship, roads around the mosques would be barricaded with the anticipation of an overflow of worshipers. This extra space was to accommodate the large Friday turnout.

Christians had complained vehemently about this practice, viewing it as an infringement on their rights to use the roads and as a disruption to business. The Christians insist there is plenty of space available inside the mosque, but the worshipers prefer to be outside, a tactic thought to be used to display their numerical strength.

The woman, the youth leader said, refused to go around what she considered to be an unusually extensive barricaded area; on that day, according to the report, the vigilante group assigned the responsibility had barricaded an area beyond the usual limit, without notifying the community around. When the woman, along with her little daughter, would not take an alternative route or wait for worship to be over, but attempted to cross, she was struck dead by a young Muslim man. This, the report says, triggered the first religious crisis in the once peaceful city of Jos.

http://muse.jhu.edu/demo/comparative_studies_of_south_asia_africa_and_the_middle_east/v024/24.1back.html (accessed November 10, 2008).

Now the city once thought immune to religious conflicts in the North, because of its majority Christian population, was also fallible. The Jos community conflict understandably caused great distress among Middle-Belt ethnic communities who started wondering what city was safe for them in northern Nigeria.

Chieftaincy Case, 2004

Another example of the religious crises riddling the central Nigeria Middle Belt occurred in February 2004, in Yelwan Shandam of Plateau State, as recorded by Gbenro Olajuyigbe. This small town is another settlement of the Hausa-Fulani Muslims, which had become home to them. A good number of indigenous people had moved from the surrounding villages and lived among the Muslims as a minority group. They lived alongside each other for a long time, eventually building a good-sized church in the town. The surrounding villages and towns were occupied by the ethnic indigenous group. A new chieftaincy stool⁹⁸ was to be created by the indigenous Paramount Chief.⁹⁹ The Muslim community felt left out when the newly created stool was placed in a village headed by an indigenous chief, elevating the status of that chiefdom. Tensions rose initially along ethnic lines, but quickly turned into a religious conflict. It finally escalated into a severe conflict, one of murder in cold blood. On February 24, 2004, the church members were at their 4:30 a.m. prayers when they were surrounded by armed Muslim men. Some Christian men in the church wanted to respond by taking up some kind of weaponry in self-defense. Thinking that common sense would prevail, the pastor told them not to fight back.

⁹⁸ A stool is instituted when a new traditional jurisdiction is carved out from an existing chiefdom. A chief is chosen from people native to that jurisdiction based on descent from a royal family to occupy the newly established “stool-seat.”

⁹⁹ Olajuyigbe, 51.

Within minutes the militant Muslim group was in the church. At the end of the incident, 40 Christians were murdered, including the pastor.¹⁰⁰

Government investigation did not yield any peaceful resolution to the incident. Prominent people from the surrounding indigenous community met with the emir about the situation but nothing was resolved that would convince anyone that there was a serious effort to bring peace. Instead, the situation became even tenser, until all Christians living in the town left. Now that it had become an exclusively Muslim town, the inhabitants raised an al Qaida flag, declaring it an “Islamic Republic of al-Qaida .” and no infidels, meaning Christians, were allowed in the town. This only further fueled the fury among the Christians in this community, who felt betrayed by the “guest” that had now taken over the “house.” Weeks passed and nothing seemed to happen. About a year later the Christians that had fled organized themselves along with their kin from the surrounding villages.¹⁰¹

Embittered by what they claimed was humiliation in their own land, the Christians made a counter-attack that they claimed to be an act of self-defense of their motherland. The now purely Muslim town was attacked, killing a good number of people; the mosque was destroyed and homes were burned.

The Danish Cartoon, 2005

This incident demonstrates the unpredictability and hypersensitivity that characterizes this region of the country when it comes to matters of religion. In 2005, a Danish artist produced a cartoon which depicted the holy prophet Mohammed unfavorably.¹⁰² The cartoon eventually

¹⁰⁰ Ibid., 52.

¹⁰¹ Ibid.

¹⁰² "Jyllands-Posten Muhammad cartoons controversy,"

got published in some European newspapers and magazines, giving it wide coverage. This attracted international condemnation from prominent Christian and Muslim leaders, as well as top world political figures. Most of the world thought the case had been put to rest.

Three thousand miles away in the Middle Belt of Nigeria the case was not laid to rest. The Christian community in the city of Maiduguri was going to pay the consequences of this offensive action. With no warning, Christians were attacked in churches by Muslims who went on a rampage of killing and burning. This, they claimed, was revenge for the cartoons in Europe. The question one asks is, what justification is there for such an attack on Christians who likely knew nothing about the cartoons and certainly had nothing to do with their creation or publication. Among the estimated 100 people that were killed,¹⁰³ there were reports that the pastor and his family were burned in the parsonage.

This gives us another picture of how unpredictable this part of the country can be on matters of religion between Christians and Muslims. Christians, being the minority in the region, have always been on the receiving end of such violence, and since most of the attacks have been unexpected, the Christians are given no time to protect themselves.

The conflicts we have examined so far have either been Muslim-on-Muslim or Muslim-on-Christian. The next section addresses conflict that is ethnic-based, and in most instances, it has to do with farmland. The ethnicities involved here are predominantly Christian minorities, although the crisis is not religiously motivated.

Wikipedia, The Free Encyclopedia, http://en.wikipedia.org/w/index.php?title=Jyllands-Posten_Muhammad_cartoons_controversy&oldid=334746704 (accessed December 29, 2009)

¹⁰³ The cartoon controversy hits home: the uproar over the Danish cartoons that satirized sensitivity.

<http://www.thefreelibrary.com/The+cartoon+controversy+hits+home:+the+uproar+over+the+Danish+...-a0148764354> (accessed October 29, 2009)

Minority-on Minority-Conflicts: Mainly Land Related

(Mostly Christian-on-Christian)

Jukun and Tiv Conflicts 2001 – 2002

Another form of communal conflict prevalent among minorities throughout Nigeria has to do with issues of land ownership. One such incident that drew serious concern for the government and the country occurred in 2001 between the Jukun and Tiv ethnic communities, in what Maier describes as “a virtual war.”¹⁰⁴ These two communities have lived side by side for hundreds of years, unfortunately not amicably, but they have learned to tolerate each other. The Tiv are the larger of the two ethnic groups. But some Tiv moved from their native area, that is, their traditional region/state, in search of farmland in Jukun areas. They now live as a minority community among the Jukuns. The Tiv eventually took control of the agricultural sector of the economy in Jukun land. The Jukuns allegedly accused some Tiv of attempting to lay claims to the lands the Jukun insist was leased to the Tiv. The Tiv claimed the Jukun accusations were unfounded and simply a ploy to evict them from the land they have lived on and farmed for generations.¹⁰⁵ Tensions that had always existed between the two ethnicities erupted in 2001-2002. The conflict between the two communities was bitter, as reported here by Olajuyibe.

...Organized bands of Tivs, Jukuns, and Fulanis were responsible for scores of deaths of civilians and widespread destruction of homes during this period, with attacks taking place on a weekly, and sometimes a daily basis. From the first week of September 2001 onwards, in particular, there was a series of attacks and counter-attacks by Tiv and Jukun armed groups, including the border towns and villages.¹⁰⁶

Soldiers in large numbers had to be deployed to quell the situation. But even the military reported heavy casualties in their effort to foster peace between the two ethnic groups in a

¹⁰⁴ Maier, 194.

¹⁰⁵ Olajuyibe, 19.

¹⁰⁶ Ibid., 20.

conflict that raged from October 2001 to February 2002. Many lives and much property were lost during this protracted crisis.

Ron and Mwagavul, 2001

I learned of the Ron-Mwagavul conflict by an oral report I received from a minister visiting the U.S. from Nigeria in 2003. He was on the church intervention committee that eventually settled the dispute. This dispute, which was land-related, between the Ron and Mwagavul people of Plateau State, left over 60 dead. Many did not expect that a misunderstanding between two predominantly Christian groups in Plateau State would escalate to this magnitude. The conflict embarrassed all the State's ethnic groups, which were assumed all along to have a common enemy in the Hausa-Fulani Muslim "settlers." The church instituted a powerful committee to fully investigate and find out the cause of such animosity among professing Christian communities. It turns out that both of these crises among predominantly Christian ethnic groups were not religious but land-related.

Delta Region, 2001 – Present

The ongoing conflict in the Niger delta region is one that has a quite different provenance than the other conflicts. People of the delta region have always felt that the oil resources of the region are not serving their economic needs nor developing their region sufficiently.¹⁰⁷ They allege that oil revenue from in the region is taken away to develop other parts of the country. These complaints have raged for years. They also feel that their requests have fallen on deaf ears, and therefore this tension has developed to what has turned out to be small-scale war against the federal government and the oil companies. Yet some of these conflicts also had to do with ethnicity and the claim to land ownership. Hence, part of the conflict is between the various

¹⁰⁷ Maier, 76.

smaller ethnic groups working as a united front against the federal government of Nigeria and oil companies, while another is a fight against each other for procurement or claim to land ownership.¹⁰⁸ Being in an oil-rich region of the country, this conflict has received international attention.

The crisis in this region came to light in 2001 during the Movement for the Survival of Ogoni People (MOSOP). Led by Mr. Ken Saro Wiwa, a prominent writer and poet, the movement protested poor development due to corruption both locally and at the higher levels. A section in the Ogoni Bill of Rights reads:

The Ogoni Bill of Rights (OBR) outlines the demands of the Ogoni people for environmental, social and economic justice. The OBR opposes the revenue allocation formula under which the federal, state and local governments have almost complete power over the distribution of oil revenues. The Ogoni people feel they were not adequately compensated for the take-over of their land by the oil companies and the environmental damages they suffered.¹⁰⁹

Maier states that a group of youth, outraged by the deplorable conditions in which they were living and the inaction of local leaders and the government, took matters into their own hands.¹¹⁰ In the process, four people were killed, including some chiefs and community leaders. The government accused MOSOB leadership of masterminding the assassinations. Eight leaders of the movement were tried and executed along with the leader, Saro Wiwa.¹¹¹ This occurred even after an international outcry for pardon on behalf of the accused. An already fragile situation was made worse. Since the executions, the conflict has further escalated, claiming even more lives as other communities have joined in what has turned out to be open rebellious conflicts against the government. Though an ethnic minority group, MOSOB claims their

¹⁰⁸ Ibid., 80.

¹⁰⁹ MOSOP, <http://www.mosop.net/MosopOBR.htm> (accessed November 26, 2008)

¹¹⁰ Maier, 105.

¹¹¹ Falola, *History of Nigeria*, 199.

movement is committed to a peaceful approach and they, therefore, could not be involved in the armed confrontation with the other ethnic groups.

Having described the prevalence of violence in Nigeria, I investigate in the next chapter the traumatic effects of conflict on children.

Chapter Summary

I have devoted this chapter to discuss past and present conflicts in Nigeria in order to provide a better understanding of the context of this study. In reading the preceding information one might ask, how much peace has this country enjoyed since independence? The fact is that in those almost fifty years, Nigeria has scarcely experienced three consecutive years without a major conflict that has taken more than 100 lives. Suffice it to say that none of these conflicts has taken into account the cost and pain that this has caused to children caught in these bloody encounters.

Though my focused area of study is in Jos, Plateau State, in a country like Nigeria events in one area are easily felt throughout the whole country. The conflicts reported in this chapter occurred mainly in the central part of the country, the context of this study. It is my desire that the scenarios put forward have given my readers some understanding of how and why communal conflicts have become endemic to this region and have affected its children so continuously and so profoundly.

CHAPTER 3

THE EFFECTS OF WAR ON CHILDREN AND ADOLESCENTS

Introduction¹¹²

This chapter will explore the effects of conflict on children and adolescents. The first section discusses the dangers that war poses to humanity, with emphasis on children. Next, I address the history of clinical recognition of trauma, from the period before it was considered to be a psychiatric problem to the current clinical diagnoses of trauma that argue it to be a debilitating psychological disorder for victims. Even after Posttraumatic Stress Disorder was given a place in the psychiatric diagnostic manual, it was thought to be applicable only to adults. Children were considered immune to trauma; they were perceived as resilient and malleable, better able to get over the effects of trauma.¹¹³ Thus, we shall examine various studies that have disproved this notion.¹¹⁴ We then turn to a discussion of two psychiatric disorders that commonly result from the trauma of war: Posttraumatic Stress Disorder (PTSD) and Acute Stress Disorder (ASD),¹¹⁵ with particular attention to their effects on children. The following sections address age-specific reactions to trauma among children and adolescents, the effects on children and adolescents of destroyed social infrastructure and other related effects of armed conflict. Finally, the chapter examines common effects of trauma on childhood development.

¹¹² In this chapter, I use a number of words interchangeably since they all represent a common theme. For instance, communal conflict, war, and conflict are words that I will use interchangeably, as are stress and posttraumatic stress and also children and adolescents.

¹¹³ Alexander C. McFarlane and Bessel A. van der Kolk, "Trauma and its Challenge to Society," in *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, ed., by Bessel A. van der Kolk, Alexander C. McFarlane and Lars Weisaeth (New York: Guilford Press), 31.

¹¹⁴ . Isaiah D. Wexler, David Branski and Eitan Kerem, "War and Children," *Journal of the American Medical Association*, 296, no. 5 (2006): 579 – 81.

¹¹⁵ DSM-IV-TR (Washington DC: American Psychiatric Association, 2000).

War and its Dangers

War is a malicious and devastating human activity. It has been responsible for the ending of rich cultures and the devastation of great wealth. It has terminated continuity of promising concepts in the sciences, the arts, and many monuments of human endeavor – for example, the destruction of the second (Herod's) temple of Jerusalem in 70 B.C.E. by Emperor Titus and the demolition of the newly-built Dnieper dam in the Ukraine during WWII. Mark Pilisuk and Jennifer Rountree describe the destruction of war in these words: “war brings destruction of infrastructure, of roads, bridges, housing, farmlands, electricity, and medical facilities, as well as economic hardship. This means that with increasing frequency, women, children and the elderly are its prime victims.”¹¹⁶ This is because it is difficult for these demographic groups to defend themselves. Because of wars, large human communities have been prematurely exterminated. Wars have left once-close human communities embittered for generations to the point of open hostility. Unfortunately, nothing achieved by force of arms has been genuinely accepted by the vanquished. The civilized world has admitted that, left unchecked, war has the potential to bring an end to civilization and to life as a whole.

Since the goal of war is to destroy the enemy, the perpetrators of war implement everything possible to accomplish that objective by inflicting maximum damage on the enemy. War has no respect for anything identified with the enemy. Since it means destroying all that makes survival possible for the enemy, war is executed with passion, and total conviction, even if dehumanizing the enemy will help advance the course of the war.¹¹⁷

¹¹⁶ Marc Pilisuk and Jennifer A. Rountree, *Who Benefits from Global Violence and War* (Westport CT: Praeger Security International, 2008), 43.

¹¹⁷ *Ibid.*, 34.

The last century witnessed two world wars in which humanity admitted the capability of war to extinguish all life. To this end, in 1949, representatives of countries from around the world met in Geneva, Switzerland to address the issue, in what came to be known as the Geneva Convention. In 1977, the Geneva Protocols were created.¹¹⁸ At this meeting laws were enacted to govern the art of war in a manner that makes it more respectful of survivors. Some of the major topics addressed at the convention included the treatment of the wounded and sick in the field, and those that died. It mandated that prisoners of war (POWs) are to be treated fairly and decently, and that captured civilians are to be treated with integrity during war. The protocols were also passed in order to restrict other non-conventional forms of conflict such as chemical weapons. Whereas the Convention declarations were accepted by most participating states, the protocols nevertheless met a great deal of resistance even though the agreed purpose of the Convention was to require all combatants to be more humane toward each other in conflict.

In 1946, three years before the Geneva Convention was enacted, it came to the attention of world leaders that in war situations children suffered much more and their conditions were more precarious than those of adults.¹¹⁹ To help address this matter, the United Nations established United Nations Children's Fund (UNICEF)¹²⁰ a department specifically assigned the responsibility of attending to the health, nutrition, education, and general welfare of children in times of war in a manner that would minimize their suffering.

These are certainly laudable efforts made by world organizations to curb the excesses brought about by wars. However, their implementation depends to a large extent on the leaders

¹¹⁸ *Encyclopedia Americana*, 1999 ed. , s.v. "Geneva Conventions,"

¹¹⁹ Yves Beigbeder, *New Challenges for UNICEF: Children, Women and Human Rights* (Basingstoke: Palgrave, 2001), 9.

¹²⁰ *Encyclopedia Britannica*, 15th ed., s.v., "United Nations Children's Fund (UNICEF)"

and the armies complying with these laws. Complaints of war atrocities have surfaced frequently, indicating that the actions of the Geneva Convention are not being uniformly observed. The massacres of vast numbers of innocent people in Cambodia in 1975, Rwanda in 1994, Sudan in 2004, and Congo in 2007, illustrate but a few of the conflicts in which any conscience about humane treatment was ignored.

UNICEF has helped alleviate the suffering of children either either to conflict or practices that endanger the welfare of children. For instance, UNICEF-Nigeria has been involved in campaigns that discourage the practice of Female Genital Mutilation and also work in HIV-AIDS prevention and treatment programs.¹²¹ Unfortunately, the rising need for its services worldwide has been overwhelming, such that only certain elements of the Nigerian population are able to benefit from its services. The UN has requested additional funds for the organization in order to meet this rising demand.¹²² I earlier commended the international community on its efforts to curb the excesses of war, while noting that effective implementation remains in question. With communal conflicts, on the other hand, it seems virtually impossible to implement laws to control brutality. Such conflicts are random in nature and usually initiated by leaders who have no training in what is known as the “art of war.” Most of these conflicts are conducted in an atmosphere of rage and revenge by angry indigenes who feel deeply aggrieved by the opponent.¹²³

¹²¹ See <http://www.unicef.org/nigeria/>.

¹²² Beigbeder, 56 – 57 .

¹²³ Alcinda Honwana, *Child Soldiers in Africa* (Philadelphia: University of Pennsylvania Press, 2006), 31 – 32.

Researchers have identified PTSD as an unavoidable outcome of war.¹²⁴ It is against this backdrop that I attach such importance to the understanding of trauma. Since PTSD intertwines so closely with war, we shall discuss the history of the understanding of trauma as a psychiatric disorder, beginning from when it was not considered to be of any psychological danger to the current admission that it could and does cause psychiatric disorders. I find this information important to this study because the effects of trauma on its victims still tend to be trivialized, in Plateau State, Nigeria, the context of this study.

History of Clinical Recognition of Trauma

Psychological traumas are defined as “emotional shocks that have an enduring effect on the personality, such as rejection, divorce, combat experiences, civilian catastrophes, and racial or religious discrimination.”¹²⁵ The *Encyclopedia of Applied Psychology* defines trauma as “a highly stressful, deeply disturbing, or dramatically unexpected stressful event experienced as traumatic by the individual.”¹²⁶

From their earliest involvement with traumatized patients, psychiatrists vehemently argued about trauma’s etiology. They found it hard to pinpoint whether or not it had organic or psychological origins. Questions were also raised about the possibility that the patients suffered from moral weakness or were lacking in the capacity to take charge of their own lives.¹²⁷ Others questioned it because reactions to the traumatic events usually were manifested for a

¹²⁴ “Post-Traumatic Stress Disorder,” *Encyclopedia of Youth and War*, s.v.

¹²⁵ Raymond J. Corsini, *The Dictionary of Psychology* (Philadelphia: Brunner/Mazel, 1999), s.v., “trauma.”

¹²⁶ Charles Spielberger, *Encyclopedia of Applied Psychology* (Amsterdam: Elsevier Academy Press: 2004), s.v., “Job Stress.”

¹²⁷ Bessel A van der Kolk, Lars Weisaeth and Onno van der Hart, “History of Trauma in Psychiatry,” in *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society.*, ed. B. A. van der Kolk, A.C. McFarlane and L. Weisaeth. (New York: Guilford Press, 1996), 47.

considerable time after the event; and the repetitiveness of these reactions long after the event cast confusion and doubt on their authenticity.¹²⁸

Inconsistency in symptomatology from one victim to another was another reason the authenticity of the condition was in question. One victim may react to a previous traumatic experience when they are reminded of it in conversation, while another may react when they see a similar incident to the one that caused their traumatic reaction. Such varying symptomatic responses caused some to wonder whether the symptoms had a common origin.¹²⁹ Likewise, at that time, it was not yet known if typically the ramifications of chronic trauma are felt immediately. Nor was it recognized that after a traumatic experience the shock can lie latent in a victim and then be manifest in a whole array of behaviors long after the event occurred. Understandably, this delayed reaction caused doubt about the source of the problem when it eventually surfaced. To further complicate the matter, victims of the same event may experience radically different symptoms, and this caused some skeptics to question the reliability of the victims' claims of trauma. It is in this context that we shall look at early studies in the history of trauma that eventually led to its being accepted as a psychological disorder that needs treatment.

Early Studies on Traumatic Stress: The symptoms we now identify as PTSD have, in fact, been observed for thousands of years. Reports of symptoms from other literature of antiquity have revealed cases that could arguably be classified as post-traumatic, such as Greek historian Herodotus' account of the Battle of Marathon in 490 BCE. He reported an Athenian soldier who suffered no war injury, but became permanently blind after witnessing the death of a fellow

¹²⁸ Chris R. Brewin, *Posttraumatic Stress Disorder, Malady or Myth* (New Haven: Yale University Press, 2003), 11.

¹²⁹ *Ibid.*, 2.

soldier.¹³⁰ In recent history, people have exhibited post-traumatic symptoms after major catastrophic incidents such as the WW II, London fires, train derailments, explosions, and any accidents of severe magnitude.¹³¹ In 1980, Post-Traumatic Stress Disorder was formally recognized as a disorder and included by the APA in the DSM-III. This did not come easily but was the result of extensive observation and research.¹³² We shall be looking at the gradual emergence of awareness of this condition before it was eventually categorized as a disorder. This is better appreciated from the earliest recorded accounts of the development, dating back to the latter part of the nineteenth century. Psychiatrists have long observed the psychological effects of stress that normally follow a traumatic event. Prior to 1980, it had been given a number of different definitions. A celebrated nineteenth-century German nosologist, Emil Kraepelin, believed to be the first to give a name to this disorder, used the term *Schreckneuroses* i.e., “fright neuroses.”¹³³ He defined it as a clinical disorder made up of “multiple nervous and psychic phenomena arising as a result of severe emotional upheaval or sudden fright which

¹³⁰ Wikipedia contributors, "Posttraumatic stress disorder," *Wikipedia, The Free Encyclopedia*, http://en.wikipedia.org/w/index.php?title=Posttraumatic_stress_disorder&oldid=334704817 (accessed December 30, 2009).

¹³¹ Railway derailments at the beginning of the industrial age were quite catastrophic, causing significant damage to both life and property. It was generally observed that some victims in the ill-fated trains and some who witnessed the derailments exhibited identical symptoms that today would likely be diagnosed as post-traumatic disorder. Philip A. Saigh, Bonnie L. Green and Mindy Korol, “The History and Prevalence of Posttraumatic Stress Disorder with Reference to Children and Adolescents,” *Journal of School Psychology*.34, no 2 (1996): 108.

¹³² Saigh, Green and Korol, 108.

¹³³ Ibid.

would build up sudden anxiety.”¹³⁴ He concluded that it was observed after serious accidents and injuries, particularly fires, railway derailments, or collisions.

During the First World War, medical officers observed and chronicled war-related traumas and the neurological and psychological effects on the victims. They officially gave it the name “shellshock.” This term came about after a French soldier was buried alive when a shell hit his bunker; although he escaped without any physical injury, he was emotionally unstable. Evidence of this was the wide variation in the soldier’s pulse. When he was at rest it stood at 60, “but it would rocket to 120 if for example someone struck an adjacent table.”¹³⁵ This earned it the name “*shellshock*.”¹³⁶ Before this discovery, soldiers exhibiting these symptoms were thought to be cowards, afraid of going into combat, and they were often executed as a penalty. Unfortunately, after the war research, studies on the subject did not continue, as interest in the problem waned.

It was some years later before interest in the problem resurfaced. In 1942, a Boston nightclub was engulfed in fire. It was to be the deadliest nightclub fire in the history of the United States, and is still the second-deadliest fire after accounting for the terrorist attacks on the World Trade Center in New York in 2001. The Boston fire, which came to be known as the Coconut Grove Fire, named after the nightclub, left close to 500 people dead. The incident happened during the Second World War, when media attention was centered on the war. The tragic fire, however, shocked the country so much that news of the raging war was briefly interrupted because of the severity of the catastrophe. The reaction of survivors, witnesses, and

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Merrill I. Lipton, *Posttraumatic Stress Disorder, Additional Perspectives* (Springfield, IL: C. C. Thomas Publisher, 1994), 5.

relatives of the deceased drew the attention of mental health practitioners interested in post-trauma response. The survivors were described as having “post-traumatic mental complications”¹³⁷ because of the trauma-related nightmares, sleep impairment, and avoidance behaviors that followed. While most of those who exhibited these symptoms had been physically present at the scene of the fire, others so affected had not been there physically but were closely related to a victim of the inferno.

The Coconut Grove Fire provided more evidence to mental health practitioners of the debilitating reactions that occur after one experiences a severe traumatic event. Yet those mental health practitioners still could not figure out the exact cause and reasons for the symptoms. Nonetheless, it confirmed the possibility of a delayed traumatic reaction by survivors.

During and after the Second World War, soldiers exhibited similar behaviors, and this brought a renewed interest in the problem, now termed “*combat fatigue*.”¹³⁸ The symptoms were acknowledged more frequently and the disorder became a recognized condition that needed psychiatric attention. Attempts were made to treat the symptoms. Thousands of mental health practitioners evaluated and treated many casualties exhibiting these psychiatric symptoms of post-trauma. A new and relatively effective treatment was discovered at that time. Combat veterans suffering a nervous reaction were given what was called amytal interviews; these were exercises that helped to bring out memories and emotions by the victim reliving the incident as soon as possible after the occurrence of the traumatic event. This treatment practice is known as

¹³⁷ Saigh, 108.

¹³⁸ Lipton, 5.

abreaction.¹³⁹ The emotional discharge while reliving a traumatic event during abreaction relieved many symptoms and helped reduce some symptoms

Following WWII, the condition now known as “Anxiety Neurosis” was still not clearly defined.¹⁴⁰ Various researchers tried to more thoroughly identify this disorder, which was now no longer an assertion but a widely accepted diagnosis carrying certain ambiguities. As post-war related psychiatric morbidity in the condition continued, for the first time the APA Committee on Nomenclature and Statistics included the classification *gross stress reaction* as a psychiatric category, in the DSM-I of 1952. The nosologists stated the classification was warranted in instances involving exposure to “severe physical demand or extreme stress, such as in combat or civilian catastrophe.”¹⁴¹ The DSM-II, introduced in 1968, omitted the term “gross stress reaction” and replaced it with *transient situational disturbance*. This new category was indicated by “transient disorder of any severity” including those psychotic episodes that occur in individuals without any underlying mental disorders but represent an acute reaction to overwhelming stressful activity in the environment.¹⁴²

These developments in clinicians’ diagnostic terminology and conceptualization occurred concurrently with increased research in this area. For example, in 1948, shortly after WWII, P. Friedman took a number of Jewish survivors of the Nazi death camps to an exclusive location on the island of Cyprus. There he observed their responses to the camp experience. He concluded these were unusual behaviors and described the post-trauma reaction as *Buchenwald*

¹³⁹ Ibid., 6.

¹⁴⁰ Ibid.

¹⁴¹ Saigh, 108.

¹⁴² Ibid.

*Syndrome.*¹⁴³ In 1974 A. W. Burgess and L.L. Holmstrom conducted research on a sample of 146 women who were victims of rape. They found them to share symptoms resulting from the sexual ordeals they experienced. Burgess and Holmstrom gave these symptoms the name “rape trauma syndrome.”¹⁴⁴ Initial reports in the research on Vietnam Veterans showed a probable pattern of psychiatric morbidity, but subsequent studies suggested differently. In 1975, M. D. Horowitz and G. F. Solomon conducted a study on the psychiatric legacy for Vietnam veterans. This was probably the earliest research that came close to documenting PTSD, as they were able to determine the long-term effects of war-related experiences. They coined the name “delayed stress response syndrome.”¹⁴⁵ The Korean War also saw numbers of soldiers who reported extreme stress and feelings of trauma as a result of combat experience.

The Vietnam War experience, however, was the occasion that brought about the most attention to this disorder. Because of their inability to relate to government agencies and to fit properly into society, concerned veterans of the war started to get together in what were called rap groups to discuss their problems.¹⁴⁶ After a time, some professional mental health practitioners developed interest and got involved with these groups. Chaim Shaltan and Robert J. Lifton were the two psychiatrists who pioneered meetings with the rap groups, which quickly spread throughout the country. They compared previous studies on the subject with the veterans’ narratives of war and their reactions.¹⁴⁷ Eventually, they began to document the experiences with, and findings from, these direct encounters with the victims. The results were published in journals, magazines, and newspapers. It was now an uncontested case that posttraumatic stress is

¹⁴³ Ibid., 109.

¹⁴⁴ Ibid., 110.

¹⁴⁵ Ibid.

¹⁴⁶ Lipton, 6.

¹⁴⁷ Ibid., 61.

a condition that can be debilitating, pointing to the need for further studies. In the late seventies, the Veterans' Administration started a program for Vietnam veterans to address the issue. The rap groups were invited to meet at the same centers at which these programs were being conducted. These rap group experiences can be credited for helping develop the body of knowledge that finally led to the establishment of the diagnosis of PTSD that first appeared in the DSM-III in 1980.

With clinically-tested empirical evidence at its disposal, and documented literature to back it up, the DSM-III Reactive Disorders Committee formulated the new diagnostic criteria for PTSD. According to the DSM-III, PTSD was indicated by the “development of symptomatic traits following a psychiatrically traumatic activity that is generally beyond the realm of human experience.”¹⁴⁸ It also indicated that the “stressor producing this syndrome would induce significant symptoms of distress in most people and is generally beyond the range of such common experiences as simple bereavement, chronic illness, business loss and marital conflict.”¹⁴⁹ Unlike its predecessors, the DSM-III of 1980 provided a comprehensive, detailed set of diagnostic criteria for identifying individuals with the disorder.¹⁵⁰

The research studies that led to the “discovery” and description of this condition were conducted on adults. It took about five years to realize that children are equally, if not more, affected by severe traumatic experiences.

¹⁴⁸ Lipton, 7.

¹⁴⁹ Saigh, 111.

¹⁵⁰ DSM –IV-TR, 41.

Understanding Trauma and Children

When first recognized as a disorder by the APA in 1980, PTSD was not thought to be evident in children or even adolescents, but in adults only. The general assumption was that children were resilient and could overcome traumatic experience quickly, unlike adults, in which it lingers. But a number of scholars disproved this notion in their research. Leonore Terr conducted research to investigate the effects of trauma in children who had been kidnapped and held hostage.¹⁵¹ The outcome of her research was contrary to conventional thinking at the time. It showed that children are affected by trauma the same as adults, though their symptoms tend to manifest differently than in adults. This was one of the studies that helped in comprehending how children and adolescents can develop PTSD following life-threatening traumatic events; in other words, traumatic disorder can occur at any age.¹⁵²

In a study conducted by Alte Dyregrov and William Yule, it was concluded that sometimes the effects of trauma on children had even greater consequences than for adults. According to this study, because of children's weaker and more formative developmental stage, trauma could tamper with the maturation process of their central nervous systems.

Regardless of age, children exposed to chronic and repeated stressors, such as victims of physical and sexual abuse, war, harassment, may develop personality changes, various self-injurious and suicidal behaviors, depression and other psychiatric disturbances. Exposure to trauma in formative years may also affect the maturation of the central nervous system and the neuroendocrine system.¹⁵³

¹⁵¹ Leonore Terr, "Chowchilla Revisited: The Effects of Psychic Trauma Four Years after a School-bus Kidnapping," *American Journal of Psychiatry* 140 (1983): 1543-550.

¹⁵² Alte Dyregrov and William Yule, "A Review of PTSD," *Child and Adolescent Mental Health* 11, no. 4 (2006): 176.

¹⁵³ Ibid.

William H. Sack and Gregory N. Clarke conducted research on children's reactions to traumatic war experiences.¹⁵⁴ The sample they used was Cambodian children who were living in the refugee camps during the four year war of terror (1975-79) of the Khmer Rouge. Most of the data centered on children who, at around the age of 6, had witnessed various forms of atrocities, including the execution of their own family members. They eventually came to the United States as refugees. This study was aimed at identifying Khmer young-adult responses to their childhood traumatic experiences of war and depression after the war. The study showed that while the diagnosis of depression dropped between the third and sixth year of the study, rates of PTSD did not drop significantly over time. Prior to this research, Sack and Clarke observed that PTSD was regarded as a non-specific manifestation of cultural bereavement, implying that removing the victims from their country would also remove them from the source of the trauma. The research concluded that PTSD is more than a non-specific manifestation of "cultural bereavement." Rather, it is specifically related to the trauma of war. The research also found that as the Khmer young adult refugees approached adulthood, their overall "prevalence of psychopathology" appeared to be considerably higher than that of average American youth. The research concluded that children who survive a war or terror such as the Cambodian regime of 1975-1979 carry certain symptoms of the experience such as stress and depression throughout their subsequent development and into the beginning of their adult lives. Those youth diagnosed with PTSD appeared to be more vulnerable when facing challenging life situations, such as relocation.¹⁵⁵ One aspect of this study baffled the researchers: why parents kept reporting lower stress rates for their adolescent children than the adolescents reported themselves. Sack and

¹⁵⁴ William H. Sack, Gregory N. Clarke and John Seely, "Multiple Forms of Stress in Cambodian Adolescent Refugees," *Child Development* 67 (1996): 113.

¹⁵⁵ *Ibid.*, 114.

Clarke say that, “in general, parents tend to underestimate symptomatology of their adolescent children.”¹⁵⁶ This observation generally represents adult perception that usually minimizes the effect that traumatic experiences have on children.

So far we have studied the clinical recognition of trauma as a debilitating condition in adult and children. In the next section we shall examine in more detail the common clinical disorders that come as a result of traumatic experiences.

Clinical Disorders that Commonly Result from Conflict – PTSD and ASD

Clinically established disorders that have been recognized commonly to affect a child in the event of war are Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD). Researchers have identified PTSD as a common—and sometimes inevitable—result of war.¹⁵⁷ We shall look at what constitutes PTSD and ASD, with close attention to the characteristics they share and manifest in times of conflict.

Acute Stress Disorder (ASD)

ASD is an early traumatic reaction that exhibits the characteristics of deep stress in the victim who has experienced a traumatic event. The root causes of ASD are very closely related to those of PTSD. Though the diagnosis of ASD was articulated in 1920, much earlier than PTSD, its full clinical categories were later taken from PTSD by the APA. Thus, it is hard to discuss one without the other.

A person is said to develop ASD immediately following the exposure to or witness of a traumatic event that involves death, injury, or threat to one’s physical integrity, or witness an event that involves death, injury or threat to the physical integrity of another person. The

¹⁵⁶ Ibid.

¹⁵⁷ Arroyo and Eth, 57.

person's response to the event involves intense fear, helplessness, or horror. In children, the response must involve disorganized or agitated behavior.

The traumatic events experienced may include but are not limited to the following:

- Military combat
- Violent personal assault (e.g. sexual, physical attack, robbery, mugging)
- Being kidnapped
- Being taken hostage
- Terrorist attack
- Incarceration as prisoner of war
- Concentration camp
- Natural disasters

The symptoms of such experiences may include anxiety, dissociation, impaired judgment, confusion, detachment, and depression. To meet the diagnostic criteria for ASD these symptoms must occur within one month after the exposure to the extreme traumatic stressor; and the disturbance must last a minimum of 2 days and maximum of 4 weeks.¹⁵⁸

Post-Traumatic Stress Disorder

PTSD can be described as a more severe form of ASD. Although the symptoms are quite similar, unlike ASD, PTSD is not manifest immediately after the experience of the traumatic stressor. It is expected that symptoms become manifest a month or more after exposure or experience of the event. PTSD has many symptoms. Renowned psychiatrist Judith Herman, however, points to three of those symptoms as cardinal to identifying posttraumatic stress

¹⁵⁸ DSM-IV-TR, 469.

disorder.¹⁵⁹ They are “hyperarousal,” “intrusion” and “constriction.” Hyperarousal she states, reflects a persistent expectation of danger as the patient is easily startled and reacts irritably to small provocations. Intrusion is when the traumatic moment remains indelible in the person’s memory. Long after the dangerous encounter, the traumatized person relives the event as though it were still recurring. Finally, constriction is the numbing response of surrender. The person feels overwhelmed, to the point of being powerless and defenseless. Any attempt to resist is deemed futile. It is much like a state of hypnotic trance, where the person is detached from consciousness.¹⁶⁰

The symptoms for the diagnosis of PTSD must manifest within one month and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. (For a full discussion on the symptomatology, see Diagnostic Criteria 309.81 for Posttraumatic Stress Disorder.¹⁶¹

Having studied the clinically verified effects of trauma on children, the next section will examine, in detail, a range of child reactions to trauma. These will include the child’s physical, emotional, social and cognitive responses to trauma.

General Child Reactions to Trauma

Researchers have shown that children respond to trauma physically, emotionally, socially, and cognitively. It is also important to note that sometimes it is hard to draw a fine line between some of these categories. In this section we shall be looking at each of these areas in some detail,

¹⁵⁹ Judith Herman, *Trauma and Recovery: The Aftermath of Violence-From Domestic Abuse to Political Terror* (New York: BasicBooks, 1997), 35.

¹⁶⁰ Ibid. , 35-47.

¹⁶¹ DSM-IV-TR, 467.

the areas are inter-related. In the next section, I will be discussing age-specific child-adolescent reactions.

The following is an outline of children's reaction to trauma as observed and published by prominent psychiatrists. Their works were compiled and published by the internationally renowned psychiatrist Richard Williams in the *International Review of Psychiatry*, entitled "The Psychosocial Consequence for Children of Mass Violence, Terrorism and Disasters," published in 2007.¹⁶² The information in this section relies primarily on Williams' compilation of these works.

Physical Manifestations

It is generally observed that children responding to chaotic situations such as war have shown signs of sleeplessness and other evidence of insomnia. They feel insecure, as their minds are inundated with the feelings of the experience around them.¹⁶³ In war situations, children have also been observed to express symptoms of hyperarousal. This is a state in which they find difficulty in concentration, exaggerated startle response, hypervigilance and increased heart rate. In other words, the child responds to the slightest activity or information that may come to them. Feelings of insecurity may be contributing factors to this reaction.¹⁶⁴

Somatic complaints such as stomach aches, the inability to eat, vomiting, and diarrhea are some of the common physical manifestations of war trauma in children. The children also complain about feeling fatigued or unable to perform physical activity that is normally within

¹⁶² Richard William, "The Psychosocial Consequence for Children of Mass Violence, Terrorism and Disasters," *International Review of Psychiatry* 19, no. 3 (2007): 263-77.

¹⁶³ *Ibid.*, 271.

¹⁶⁴ Ulrik F. Malt, "Accidents" in *Encyclopedia of Psychology* (Oxford: University Press, 2000), I:20.

their range and ability. Some are unable to participate in vigorous activities after the traumatic experience.

Emotional Reactions

Children who encounter traumatic conflicts often respond with shock and numbness, wondering what is happening. It seems as if they avoid a more active response because they are waiting to see what will happen next. They may also feel helpless, hopeless, or both.¹⁶⁵ These feelings may be manifested through “inappropriate” activities, such as open and aimless defiance of the authority of their parents or teachers.

Understandably, children in times of war express fear for their safety since much of what is going on around them is so unpredictable.¹⁶⁶ Military presence around them causes fear, particularly when they cannot anticipate what to expect next from the soldiers. Not only can they not always anticipate what might happen on the ground, they also have to contend with the possibility of air strikes, which may, for example, destroy their homes.¹⁶⁷ In such situations children often do not know how to exhibit their fears appropriately, and consequently these may be manifested in regressive behavior such as bed wetting and depression, along with more predictable symptoms such as nightmares, insomnia, and fear of going to sleep. In a narrative of child soldiers at the end of the Angolan war, the children reported fear as being their most pervasive feeling. In her book *Child Soldiers of Africa*, Alcinda Honwana had this to say on this subject:

¹⁶⁵ Thomas Miller, Lane Veltkamp and Paula Raines, “The Trauma of Family Violence,” in *Children and Trauma*, ed. Thomas W. Miller (Madison: International University Press, 1998), 62.

¹⁶⁶ Pilisuk, 16.

¹⁶⁷ Pilisuk, 17.

Child soldiers expressed fear of being taken to the battlefield to fight, fear of being killed, and fear of their commanders. The relationship between the boy soldiers and older commanders was founded on terror. Any wrong move however slight, could result in death, possible not only in combat but also in camps¹⁶⁸

Some children continued to fear specifically a recurrence of conflict, long after the war was actually over. Having experienced the pains and the uncertainties of war, a child finds it difficult to adjust to change. To this end, even after peace has been officially declared, the child still expresses uncertainty regarding the validity or longevity of the peace achieved.

A child often feels out of control amidst the surrounding destruction. Children under these circumstances may direct their frustration towards the community around them. They may refuse to attend school or refuse to part with a toy or other belongings.

Guilt has been found to be an especially common response to trauma in some of the children. They feel guilty for the incident and assume responsibility for what happened. They often think that the traumatic event would not have happened if they had done something differently. They come up with ideal scenarios such as that, if they had not slept late the night before an invasion in which something happened to a family member, that person's capture or torture would not have happened. Guilt comes from the belief that they could have averted the incident, taking personal responsibility for it.

Anger is often the emotion that comes after the child feels they have little or nothing they can do under the current circumstances. Boys, in particular, quickly start to think of revenge. Anger can be expressed in many other ways, a common one being unwillingness to cooperate with basic protocol. Though their primary anger is geared towards the enemy that is attacking

¹⁶⁸ Honwana, 64.

them, they usually unleash their frustration on those that are closest to them.¹⁶⁹ For instance, they might again direct their anger at parents, teachers, and other adults around them for not being able to protect them better. They might consider this as betrayal by their most trusted mentors. This frustration at times extends to classmates and peers beyond their class and possibly younger siblings, too.

Anxiety is a natural response in children when war is raging around them. They can become extremely suspicious of activity, people, or animals that were simply neutral to them before war began. Children who have anxiety attacks in times of war are not able to have a good sense of judgment about events going on around them, nor do they develop normally. Typically this becomes exacerbated when parents are unable to handle their own anxiety well. This is always apparent to the child, no matter how young, and the anxiety or stress is consequently passed on to the child.

Social Manifestations

In her study of the effects of trauma and war on children, Eileen Meier found that under the stress of communal conflict children exhibit regressive behavior, such as bedwetting, thumb sucking, clinging or attachment disorder.¹⁷⁰ Another common social response to the trauma of war is disengagement; the child withdraws from their close social circles. And they may not want to be involved in activities they usually enjoyed. In certain instances, being in the company of people, even familiar friends, feels awkward to them. Because they have been watching the

¹⁶⁹ LifeResources, Member Assistance Program, "Helping Children Cope during Times of War: Understanding Age Appropriate Behaviors," <http://www.nhlgc.org/lgcwebsite/RiskServices/PDFDocuments/HelpingChildrenCope-HealthTrust.pdf> (accessed October 20, 2009).

¹⁷⁰ Eileen Meier, "Effects of Trauma and War on Children." *Pediatric Nursing*, 28, no. 6. (2003): 626-29.

conflict happening right before them, it becomes normal for children to engage in conflict with other people. Little wonder that recruiting them into combat duties is not always a problem.

At times, children respond to conflict by not wanting to get involved with others, in what is referred to as a state of avoidance. Though it has similarities to withdrawal, in avoidance a child withdraws selectively, while the state of withdrawal is when the person removes themselves completely from others. The avoidant child will not want to be involved in certain activities, so they keep their distance from people, places, or situations that could necessitate the activity.

Cognitive Reactions

Impaired memory in children who have encountered a conflict situation that is violent has always been an identified reaction. Because of the traumatic experience they have difficulty remembering events, activities, or what would be normally simple information. The child finds it hard to concentrate on one thing. Other researchers have asserted that some children exhibit symptoms of Attention Deficit Hyperactivity Disorder (ADHD) in these situations. Depending on the severity of the event, they can become confused or disoriented. Children have understandably complained of intrusive thoughts in times of war or conflict, for example, recollecting thoughts about a particular violent event they experienced tends to dominate their minds.¹⁷¹

Children's cognitive reactions to trauma often include having inferior feelings and thoughts about themselves. Adolescents in particular easily lose confidence and self-esteem as result of feeling they have failed to protect their own, or that they have not been able to get done what they are supposed to do.

¹⁷¹ Pilisuk, 15.

In reaction to the whole situation, a child can feel overwhelmed by the activity around them which may also result in feeling confused. They don't know what will happen next, and they are not sure whom they can trust. Their young developing minds are not able to handle all the chaos and confusion happening around them. It is not strange for a child under these circumstances to exhibit signs of dissociation or denial regarding reality around them. In such cases, at times, they pretend not to be aware of what is happening or decide to ignore the chaos surrounding them. This defense mechanism in some children is a probable reason why in earlier periods it was thought that children don't suffer from traumatic experiences.

In response to their situation, children may become very alert to events around them, what psychologists term hypervigilance. Since their confidence in the system has now been compromised by the incident, they are no longer as willing to take chances or to trust, thus the extra vigilance. They tend to watch nearby activities with suspicion, and are unusually interested in what adults are saying. They don't want to be caught off guard again.¹⁷²

Because children do not react uniformly to a traumatic experience, the following section will discuss types of reactions that can be anticipated based on the child's age.

Age-Specific Reactions to Traumatic Experiences¹⁷³

Continuing with Richard Williams' analysis of studies conducted on this subject, we shall be looking at children's likely responses to trauma based on their age.¹⁷⁴ Of course, certain reactions could be observed in more than one age group.

¹⁷² William, 271 .

¹⁷³ Ann Master and Jon Hubbard, "The Effects of Trauma on Children by Age," developed for the Center for Victims of Torture, 2003, <http://www.cvt.org/> (accessed June 23, 2009).

¹⁷⁴ William, 271.

Toddlers

Separation is extremely stressful for toddlers. They particularly suspect that their primary care giver (their mothers, in most cases) are about to leave them. This explains why they monitor the caregiver's movements closely, trying to assure themselves that their caregivers are not far away from them. The fear and anticipation of this possibility leads to intense crying and clinging to the primary caregiver. The parent or adult they attach to is not allowed out of their sight. At times, clinging may be considered as, or develop into, a disorder or a condition that needs psychotherapeutic intervention.¹⁷⁵ Toddlers can find it hard to sleep at night, perhaps for fear of a trusted adult abandoning them while they are sleeping. It is also not unusual for toddlers going through trauma to be unable to eat. The poor appetite they experience is simply understood as a reaction to the traumatic event that distorts their interest in food.

Preschool

Regressive behavior such as bedwetting, acting as if they are younger than their actual age, and losing new skills they just acquired are common in preschool children when facing a traumatic situation.¹⁷⁶ Similar to toddlers, preschool children easily suffer from separation anxiety, which tends to lead to their clinging to their caregiver or parent. Eating and sleeping problems could come in extremes with this age group. They participate in both activities either excessively or inadequately. They may sleep for an unusually extended period, or be unable to sleep; they may eat unusually much or unusually little. In response to the hysteria around them also, this age group often whines and throws tantrums.

¹⁷⁵ Dubravka Kocijan-Hercigonja, "Children in War: Experiences from Croatia," in *Childhood and Trauma, Separation, Abuse, War*, ed. Elisabeth Ullmann and Werner Hilweg (Aldershot, Hants, England: Ashgate Publishing, 1999), 163.

¹⁷⁶ Ibid.

Fearfulness, nightmares, watchfulness and vigilance are common behaviors in response to the uncertainty they have just experienced. Such fearfulness leads this age group to be watchful of what goes on in their surroundings. They are also found to choose play themes reminiscent of the surrounding events. Male preschoolers in particular exhibit scenes of the traumatic experience in their play; for example, they may enact an event from the war around them, such as planning a bombing mission or soldiers moving-- whatever reflects the traumatic experience they have just encountered.

School Age

This age group is able to respond to war or conflict with a greater sense of reality than the previous two groups. Being better able to comprehend what is happening around them, this age group expresses fear in a more realistic manner. They complain genuinely of what they see, fear, and hear. Some have been observed to engage in body mutilation or doing some kind of harm to their body. All of this could be their way of expressing their fear. School-aged child victims of trauma tend to be easily irritated, and in some cases are aggressive,¹⁷⁷ initiating physical altercations with others, especially those they consider enemies. Disobedience is another common behavior exhibited in this age group, for instance, refusal to attend school.

Adolescents

Having witnessed all that is going on beside them, and comprehending many aspects of the chaos, adolescents are observed to become angry and seek revenge. Even when they happen to be on the winning side of the conflict, news media propaganda can still cause anger and resentment in adolescents toward the enemy. Being aware of what is happening, they worry about themselves, family, friends, and even pets and personal belongings. Some children in this

¹⁷⁷ Ibid.

age group react to the situation by becoming depressed. In many instances, they respond by withdrawing, becoming petrified by the activities around them, and anxious because of their uncertainty about everything.¹⁷⁸ Disturbing thoughts and images of all kinds in a war situation make adolescents feel vulnerable. Such images can at times become imprinted on the children's minds, making them particularly disturbing. The capacity to concentrate becomes compromised because of the violence that they have experienced. Consequently, many of them end up performing poorly in school.

Somatic complaints such as headaches, stomach aches, and diarrhea can be rampant in this age group. Similar to the preschool children we discussed above, adolescents, at their own level, engage in trauma and war games with peers: For instance, they reenact in game form the conflict they witness around them. In this study, the adolescent age group falls under the same category as children. This stage of development however, has drawn considerable interest from scholars in the field of psychology because it explores dynamics of complicity: in Plateau State, Nigeria, children of this age group are most likely to be directly involved in conflict or witness a traumatic event. The next section will address some of the complicities of this developmental stage.

Adolescence as Traumatic Stage of Development

Many psychologists consider adolescence to be the most difficult time in human development. One refers to it as “a stage of developmental turmoil.”¹⁷⁹ In his book, *Theories of Adolescence*, Ralf Muuss cites renowned psychologist Kurt Lewin, who used the term “marginal

¹⁷⁸ Ibid., 164.

¹⁷⁹ Ibid., 158.

person – marginal man,” to describe this stage of development.¹⁸⁰ By this, Lewin means that adolescents are not fully adults, but neither have they entirely graduated from childhood. The adolescent as the marginal person continues to experience conflict among different attitudes, values, ideologies and life-styles, because he or she is shifting orientation from childhood to adulthood, but does not belong to either. It is also a time in which a person faces rapid changes in which it is hard for the adolescent to know the direction to specific goals. When there is so much to contend with, it is little wonder that the adolescent is often frustrated.

Both children and adults have a fairly clear concept of how they fit into their groups, but this tends not to be true of the adolescent. While childish behaviors are no longer acceptable, at the same time some adult behaviors are not permitted, either. Lewin says the adolescent finds him- or herself in a state of “social locomotion.” This state of social locomotion is complicated if the adolescent feels invulnerable,¹⁸¹ some of which has led to behaviors that have proven to be destructive and traumatic. The feeling of invincibility exhibited at this stage of development is a response to the frustrations mentioned earlier.

Taken together, there is every reason for adolescence to be a traumatic period and so it is hard to talk of normalcy in adolescent development. It is entirely possible for an adolescent to exhibit some elements of PTSD without actually having undergone events like those specified in formal definitions.

In his book, *Identity, Youth and Crisis*, Erik Erikson talked about the adolescent’s internal struggles as a tense period of overwhelming activity, a stage where an inner war is being waged

¹⁸⁰ Rolf E. Muuss, *Theories of Adolescence* (New York: McGraw-Hill, 1996), 136. Citing Kurt Lewin, *Resolving Social Conflicts* (New York: Harper & Row, 1948), 179.

¹⁸¹ Susan G. Millstein and Bonnie L. Halpern-Felsher, “Judgments about Risk and Perceived Invulnerability in Adolescents and Young Adults,” *Journal of Research on Adolescence* 12, no. 4 (2002): 414.

by the adolescent. Erikson equated this inner adolescent development to real combat experience when he says, "...we have recognized the same central disturbance in severely conflicted young people whose sense of confusion is due rather to a war within themselves...."¹⁸² This statement confirms adolescence as a traumatic stage of development.

Next we I will address schematic distortions that are typical of the adolescent age Group, and identify adolescent response to challenging situations in times of conflict or chaos.

Effect of Schematic Distortions on Adolescence

War disrupts social relationships. The child's understanding of social structure is disrupted as they experience the death of people and destruction of places that they know. For example, the death of siblings, parents, and friends affects the child's understanding of society.¹⁸³ In his book, *Psychology in the Developing World*, Alastair Ager discusses how war trauma could distort a child's social schemata. The research finds that children either become "oversocialized" or "undersocialized," (words he coined).¹⁸⁴ As we know, war typically presents experiences that are traumatic in that they cannot readily be assimilated or integrated into the basic assumptive world of the child. Such experiences become so overwhelming that they affect the child's social development, leading to a wide range of behavioral symptoms. For instance, a child's social schemata are totally shattered when the world no longer fits the child's experience. When the cognitive, social, and emotional schemata one has in place fail in response to the new "evidence" about the world, this can induce a range of symptoms such as anxiety and hypervigilance. For example, when a children people being killed, they can have a strong feeling

¹⁸² Erik Erikson, *Identity: Youth and Crisis* (New York: Norton, 1968), 17.

¹⁸³ *Encyclopedia of Youth and War*, s.v. "Separation, Family."

¹⁸⁴ Alastair Ager, "Children, War and Psychological Intervention," in *Psychology and the Developing World*, ed. Stuart C. Carr and John F. Schumaker (Westport, CT: Preager, 1996), 163.

that they could be the next victim. They have nightmares and conjure up the worst possible scenarios.¹⁸⁵

The child now realizes that the “chart” that has been used to guide him or her through the world has suddenly proved to be inaccurate. Life is, in fact, unpredictable and children feel they cannot trust anyone around them. Some will refuse to accept the new experiences that are taking place their world. Such children refuse to broaden what Ager calls their “psychological construction of the world.” By remaining committed to their old schemata, the children find themselves at odds with the new reality around them. Such children could be stressed, depressed, or both. Ager calls this response or this failure to adapt to the new reality “undersocialization.”¹⁸⁶

In contrast to this position is the child who, in the midst of the chaos and contradictions to the schema, does accept the new changes around them. The “oversocialized” child has decided to compromise her schema so as to suit the new situation. The child blends in with the new reality and denies values that have been instilled in her by society. The oversocialized child may exhibit a façade of complacency with the chaos and contradictions of the traumatic activities, but is, in fact, suppressing her values and schemas. This represents an inner struggle for the child. The child “abandons his or her existing schemata” and adapts to the new reality. In Ager’s words,

“...the child unable to assimilate the war experience with his or her current assumptions resolves cognitive conflict by abandoning existing schemata. Through oversocialization, the child adapts so completely to the demands and realities of war...”¹⁸⁷

¹⁸⁵ Ibid., 165.

¹⁸⁶ Ibid., 165.

¹⁸⁷ Ibid.

Observers may consider such children as having been “brutalized” for taking such a position by abandoning their schema. But the oversocialized child has assimilated the meanings and behaviors well suited for survival during the conflict. Unfortunately, this newly adopted behavior is at variance with societal values. For example, an old woman captured attempting to escape a prisoner-of-war camp was brought to a 15-year-old adolescent who was ordered to bayonet the old woman in order to be rewarded with the leadership of his peers. He carried out the assignment and was granted the position.¹⁸⁸

We now have two responses to the trauma of war: the undersocialized who have refused to abandon their past schemata for the violent present reality; and the second category, those who have abandoned the past schemata to fit into the present violent situation. While the former may find it hard to cope with prevailing traumatic events, the latter, by “...abandoning the past sensibilities for a self well-adjusted to the present may experience great difficulties at the advent of a peaceful future.”¹⁸⁹ Both categories of person suffer the consequence of trauma. The undersocialized person pays the price in the context of war; the oversocialized, however, pays when peace is restored.¹⁹⁰ This implies that children in both categories may suffer from some posttraumatic experience.

Having discussed issues related to oversocialized and undersocialized children in time of conflict, we shall now look at the importance of the social establishment and what it means to the development of the child. This will outline the ramifications of the demise of social infrastructure, and its consequences on the development and welfare of the child.

¹⁸⁸ Honwana, 59.

¹⁸⁹ Ager, 165.

¹⁹⁰ Honwana, 68.

Effects on Children of Destroyed Social Infrastructure

The social structure is made up of institutions established by society to make decent communal living possible. Because of structures such as schools, hospitals, and places of worship, people find meaning in community as they benefit from advantages that these organizations provide through the exchange of services. It is these institutions that keep the fabric of society healthy and functional, giving meaning to community. Unfortunately, these structures that make successful social living possible are some of the first casualties of war. Their absence impacts society immensely. Probably the most important social structure is the one committed to uphold the rule of law. The likelihood of social disintegration is very high when such essential aspects of the society are destroyed.¹⁹¹ In virtually all war situations, this destruction of social structures has led to the demise of the community. We shall now look at some of these institutions and assess their contributions to society.

Lack of Access to Medical and Educational Facilities

The health care system is particularly vital to young children as their bodies are not yet mature enough to withstand diseases to which adults have already established natural immunities. Thus, the collapse of the health care system is often catastrophic for this age group.¹⁹²

Educational systems are not spared when it comes to war. School buildings are often destroyed, and teachers flee, leaving the children without guides or a place of learning. If the buildings survive, they are often appropriated for other purposes by the enemy, used, for example, as military barracks, hospitals for soldiers, or refugee camps.¹⁹³ Without schools, children tend to become idle, and this puts them at the mercy of perpetrators and exploiters who

¹⁹¹ Ager, 163.

¹⁹² Ibid.

¹⁹³ *Encyclopedia of Youth and War*, s.v. "Education."

recruit them for combat and other inappropriate practices. Worse still, the lack of an education hurts them later on in life.¹⁹⁴ This not only affects the individual who is then unprepared to meet future responsibilities, but the society at large is hurt by having such an immense uneducated segment of its population.

Social Activities

Social skills are built in a peaceful atmosphere when the young child has the opportunity to meet with friends at places like the playground. Adolescents are even more inclined to social activities at this period of their development when peer relationships are strongest. They derive great satisfaction in social gatherings such as sporting activities, either as active participants or as spectators. The demise of the social structure takes away their ability to develop such social skills.

Religious Institutions

Religious institutions have played significant roles in the shaping of societies. In certain cases they have defined the culture of the community through such social gatherings as worship rituals, wedding events and religious festivals. These activities also serve as occasions for children to observe and learn from adults how to establish and build relationships. A child is able to understand the values of their society as they participate in such social activities as worship services or other religious rituals. This helps open up the opportunity for them to explore their own spirituality. Other activities such as weddings are times for the child to understand the values and foundations of the family. The intrusion of war into a society destroys such meaningful social interactions.¹⁹⁵

¹⁹⁴ Ager, 163.

¹⁹⁵ The National Child Traumatic Stress Network, "Review of Child and Adolescent

understand the values and foundations of the family. The intrusion of war into a society destroys such meaningful social interactions.¹⁹⁵

Unfortunately, in Nigeria (and elsewhere), religious institutions responsible for evoking such positive values in society have themselves been found fully involved in instigating and inciting conflict.¹⁹⁶ Some of the most destructive recorded wars were started by religious organizations.¹⁹⁷ The Christian Crusades and Muslim Jihads have been cases in point.¹⁹⁸ These two events seem to be perpetuated by their followers in various forms in more recent times.¹⁹⁹ More recently we have witnessed the violent conflicts between the Hindus and the Muslims in India and the protracted Catholic and Protestant conflicts of Northern Ireland (1969 – 1998). Needless to say, the continuing Muslim and Christian clashes in many spots around the world, including Nigeria, have been on the rise. When religious leaders and their followers rationalize such acts of destruction and harm to humanity, children wonder what religion really stands for.

Next we shall note additional types of violence inflicted on children as a result of war.

¹⁹⁵ The National Child Traumatic Stress Network, “Review of Child and Adolescent Refugee Mental Health,” white paper from the NCTSN Refugee Trauma Task Force, 2003. http://www.nctsnet.org/nctsn_assets/p (accessed February 17 2009).

¹⁹⁶ John Anderson, “Religion as Source of Conflict in the Post-Soviet States,” in *Can Faiths Make Peace?: Holy Wars and the Resolution of Religious Conflicts*, ed. Philip Broadhead and Damien Keown (London: I. B. Tauris, 2007), 27 (electronic book).

¹⁹⁷ Pilisuk, 43.

¹⁹⁸ Victor J. Seidler, “Religions, Hatreds, Peacemaking and Suffering,” in *Can Faiths Make Peace?: Holy Wars and the Resolution of Religious Conflicts*, ed. Broadhead and Keown, 27.

¹⁹⁹ Pilisuk, 43.

Additional Effects of Armed Conflict on Children

Forced Relocation

With the destruction of society, movement becomes inevitable. Studies of war – torn areas have shown movement to be a characteristic of war. Communities are forced to relocate, which causes separation, especially among younger persons. Movement in times of war is often cumbersome because of the large numbers involved in the process. In the chaos of the relocation process, some families disintegrate as members get lost – mostly children who are too small to walk long distances and yet too big to be carried. Adults and adolescent males may abandon the family for fear of being the first enemy target, and in some cases they join the army either voluntarily or under duress.

Young Women in Times of War

This demography has not been given fair representation when it comes to their experiences in times of conflict. The general conception, Honwana states, is the conventional belief that it is male youth who are drafted into combative roles during conflicts. She adds, “The reality is that women have increasingly been involved in war and incorporated into armed forces worldwide.”²⁰⁰ Besides being forced into combat roles, young women suffer additional abuse. For instance, it is common practice that they are forced to marry the soldiers or serve as maids. In many cases, they are raped by the soldiers. Resistance of such demands is met with severe punishment, including death.²⁰¹ Another plight young women face in times of conflict is taking a significant responsibility for their siblings, especially in the absence of parents. In their effort to fend for the families for which they have assumed responsibility, many of the young

²⁰⁰ Honwana, 78.

²⁰¹ Ibid., 79.

women/girls have lost limbs due to landmines during the Angola and Mozambique civil wars.²⁰²

Such duties as fetching water from the stream or river and searching for firewood in the bush has led them to these dangerous places.

Refugee Camps

Those displaced by war often end up in refugee camps. Supposedly, these are intended to create a “safe haven” for the victims, but usually survivors of these camps testify that the experience in the camps is one of survival of the fittest. Only those with the strength to fight for food rations, to go without any food, and to sleep in the open or on the bare ground can make it through successfully.²⁰³ Humanitarian organizations have worked to improve conditions in these camps; nonetheless, it is still not easy to control an unpredictable situation, where people show up at random and it is hard to turn them away. Children growing up in such chaotic conditions²⁰⁴ have found it very traumatic, and a number of them become physical, psychological, and emotional casualties of the camp. Some have not been able to even survive the camps.

Loss

Children suffering in situations of armed conflict experience at least two kinds of loss. One is temporary loss—separation from persons and things of value to them. but with ultimate reunion. Another is permanent loss—either the death of a loved one, the destruction or theft of a treasured object, or never returning to the environment in which one was at home. The feeling of loss, of course, affects children particularly in times of conflict. The loss of family members is

²⁰² Ibid., 100-01.

²⁰³ Kocijan-Hercigonja, 159.

²⁰⁴ National Child Traumatic Stress Network, “Review of Child and Adolescent Refugee Mental Health,” 9.

the most difficult for children, especially the loss of a parent.²⁰⁵ Such loss often leads to severe depression. They start to question their own security and wellbeing, knowing that their source of livelihood is at stake. The loss of friends, either by death or by relocation, likewise affects children deeply. Moving away from familiar surroundings is also a difficult loss for children, especially earlier in the relocation process. The lack of familiar play areas is a loss that a child will mourn for some time, as also is the loss of pets and toys or other belongings. Children feel the loss of community, especially when the new environment to which they move lacks the camaraderie they have known in the past. Life in the new place is usually one of survival and competition, both of which are initially baffling to a child.²⁰⁶

Separation

Closely related to loss is separation, a trauma-inducing experience that has not been given the attention it deserves, considering the severity of distress and devastation it has caused, with children being the most affected.²⁰⁷ The most dreaded separation for a child is to lose contact with parents. The closer the parental connection has been prior to separation, the greater the stress upon separation. Children have been observed to express very high stress when fearful of being separated from loved ones, particularly parents. In younger children, this is often expressed by clinging behavior, but such behavior is not restricted to the younger ones only. Under these circumstances, adolescents also need the security of loved ones and will cling closely to the person, resisting defiantly any attempts made to separate them. Separation affects the whole family dynamic. Besides the psychological hurt of the separation, the social fabric of the family is weakened. For instance, in an environment where only the fittest survive, the

²⁰⁵ Ibid., 11.

²⁰⁶ Pilisuk, 15-16.

²⁰⁷ Kocijan-Hercigonja, 159.

presence of both parents is essential, but many times the male parent is not in the picture.

Among family members, females become particularly vulnerable when familiar protections and structures are lost.²⁰⁸

Abuse

When society is destroyed and the rule of law no longer applies, abuse is an expected outcome. Children easily become victims of such an environment in which nothing stands to defend their interests. In such situations, many have lost contact with adult loved ones, either temporarily or permanently.²⁰⁹ In the African context, it is common for close relatives of the child to take over the care of the child, even if the prior relationship is not very close.²¹⁰ Some are abused in those relationships, where they are treated as step children. Unfortunately, some who have no close relatives are left under the care of their siblings. However, when the siblings who assume the parental role are not much older than those in their care, there is greater vulnerability to abuse.²¹¹

Life under such circumstances can become so unbearable for the sibling in charge that they have been forced into unhealthy practices to provide for their loved ones—such as girls going into prostitution. In such conditions, some children find it more appealing to join the military. In other cases, for lack of an adult presence, they are forced against their will to actively participate in the war. The new role they assume as combatants exposes them to other forms of abuse such as the use of hard drugs to embolden them in battle.

²⁰⁸ *Encyclopedia of Youth and War*, s.v., “Separation, Family.”

²⁰⁹ National Child Traumatic Network.

²¹⁰ Glen Miles and Paul Stephenson, *Children in Conflict and War* (Middlesex, UK: Tearfund, 2001), 9.

²¹¹ Miles and Stephenson, 9.

Forced Military Conscription

The militarization of children against their will is a common practice nowadays.²¹² Boys and, in some cases, girls, have been forcefully conscripted into combat positions. The adolescent age group is the most desired demographic for this role.²¹³ Those that fail to participate face the threat of being killed or put in a situation so unpleasant that the option to conscribe is more bearable.²¹⁴ At times, they are subjected to torture, such as starvation or some other form of punishment detrimental to their health. Psychological harassment, such as exclusion from the main group (which comes with an intense feeling of ridicule and shame for refusal to comply), is another form of torture put upon young children in times of war.

The effects of childhood PTSD have been found to retain residual effects into adulthood. In the following section, we will address this theme based on research studies conducted on Vietnam veterans that showed this to be the case.

Residual Effects in Adulthood of Childhood Trauma

A study on combat, trauma and psychological development in adulthood was conducted using ego development as a measure for vulnerability to combat-related trauma. At the time of the study, 960,000 Vietnam veterans were diagnosed with PTSD and suffering from various levels of incapacitation. The study was also designed to identify effects of PTSD on the later development and functioning of the sample. The average age of the participants at the time of enlistment was 19 years. Fifty-eight percent served in the US Army, 22% in the US Marine Corps, 10% in the US Air Force, and 7% in the US Navy. The study was also done to facilitate

²¹² Honwana, 39.

²¹³ Pilisuk, 16.

²¹⁴ Honwana, 50.

readjustment of the veterans who have experienced this combat-related trauma. Achieving this goal necessitates understanding the impact of the traumatic event within the developmental perspective, especially given that adolescence is a crucial period of development and was the time in which the veterans were traumatized.²¹⁵ This implies that, unlike adolescents who had a healthy transition from stages 4 through 6 of Erikson's Identity development, and beyond, this group finds it difficult in society because of the disruption they experienced earlier in life.

To better understand how this disruption affects the developmental stage of adolescents, the research study employed Erikson's theory of identity development, which is a psychosocial theory that postulates eight consecutive stages as crises that the individual must master. The following outline is the epigenetic sequence progress: (1) basic trust vs. mistrust, (2) autonomy vs. shame and doubt, (3) initiative vs. guilt, (4) industry vs. inferiority, (5) identity vs. identity diffusion, (6) intimacy vs. isolation, (7) generativity vs. stagnation, (8) integrity vs. despair.²¹⁶ The first four stages occur during childhood and stages 6 – 8 occur during adulthood.

Core concepts of this theory are: the importance of acquisition of an ego-identity, and identity crisis being the most essential characteristic of adolescence. Stage 5, identity vs. identity diffusion, is the transition between childhood and adulthood, and typically occurs during late adolescence and young adulthood. It is important to accomplish this stage successfully, because it culminates in the consolidation of self. This provides continuity between the past and the present. Erikson states that if an adolescent fails in his or her search for an identity, he or she will experience self-doubt, role diffusion and role confusion, and the adolescent may indulge in

²¹⁵ Rebecca Silverstein, "Combat-Related Trauma as Measured by Ego Developmental Indices of Defenses and Identity Achievement," *Journal of Genetic Psychology* 157, no. 2 . (1996): 169.

²¹⁶ Ibid., 170 .

self-destructive, one-sided preoccupation or activity. Such an adolescent may continue to be morbidly preoccupied with what others think of them, or may withdraw and develop a nonchalant attitude toward themselves and others. This leads to personality confusion and can be found in the delinquent and in the psychotic personality. In the most severe cases, according to Erikson, identity diffusion can lead to suicide attempts. In less severe cases, an individual with no firm sense of identity finds it hard to relate sexually or intimately because of the danger of further loss of an already tenuous identity. Intimacy is, therefore, an experience that is avoided by the individual because he or she does not have a firm identity of self. If a personal identity can be established, then such an individual may be able to establish healthy relationships.²¹⁷

Researchers have found that those who experience trauma during critical life transitions like this were more vulnerable to experience post-traumatic maladjustment.²¹⁸ The study introduced above showed that the group of combat veterans in this study attained lower levels of ego development than the non-combat veterans based on their levels of identity achievement and their defense styles. This may explain why the combat group experienced multiple life-functioning challenges, including failed marriages and employment problems, and why they had a tendency to experience legal difficulties.

The data also suggested that the group suffered from what Erikson termed identity diffusion. This maladaptive outcome, reflected in Erikson's fifth psychosocial stage, incorporates: (a) problems of intimacy; (b) diffusion of time perception; (c) problems of industry, and; (d) formulation of a negative identity in the person's future. For example, the traumatic combat experience normally leads to poor communication, which has been associated with

²¹⁷ Muuss, 67, citing Erik Erikson, *Identity Youth and Crisis* (New York: Norton, 1968).

²¹⁸ Silverstein, 170.

domestic violence in this population.²¹⁹ The phenomenon described by Erikson as diffusion of time perception, or time warp, was when combatants both felt that time stood still in Vietnam and they had aged overnight. Their concept of time during war was opposite their perception of time in normal society. At war they did not feel a sense of psychosocial progress in their lives, but they were observing the signs of aging in their bodies.²²⁰ Erikson's concept of diffusion of industry is a cognitive deficiency. In this sample, it is revealed in poor concentration, which translates, for example, into difficulties in finding a job—but, interestingly, not in their ability to do a job successfully. This shows that they had difficulty becoming initiated into a normal peaceful society. The combat veterans experienced legal difficulties that may be related to an anti-establishment mentality and sense of rebelliousness that parallels Erikson's concept of negative identity. This failure to formulate a strong sense of identity usually occurs when an individual rejects selected roles which were presented by parents or the community within which he/she was reared. In a way, this is similar to the abandonment or schematic distortion discussed earlier.

Another area that factors into how these veterans cope is the sudden transition from military to civilian life. The ex-soldier now finds him- or herself adjusting to a value system that is oriented to civilian society. Elevated levels of adrenaline were found in many of the combat veterans, explaining their tendency to be sensation seekers, taking risks that are often at odds with the rules of society. Their tendency to act impulsively is not solely a function of the

²¹⁹ Ibid.

²²⁰ Silverstein, 175.

conditioning of combat. It could rather be related to their lower levels of ego development, of which impulse control is one aspect, argues S. Hauser and J. Loevinger.²²¹

Dubravka Kocijan-Hercigonja, in his study of children affected by war during the Croatian civil war and the outcome after the war, reiterates these findings:

Traumatized children may turn into adults who suffer from emotional and other psychological disorders, and...people who initially use aggressive behaviors as defense and protective mechanisms, later integrate these aggressions into their behavior. Numerous studies confirm that war-induced traumatization has a great influence on children's emotional, social and mental development.²²²

Finally, it is important to know the current position on the conception of PTSD in the context of this study. The studies we have just explored on this subject testify to the advancement of the Western world on the understanding of trauma. Unfortunately, the context of this study, Plateau State, Nigeria, like many other parts of Africa, has not yet conceptualized the personal, psychological, cognitive, and social implications that may come with traumatic experiences. Thus, there continue to be skeptics similar to those experienced in the Western world when the condition was not yet known. These skeptics question the validity of the debilitating effects of trauma on its victims. Some, for example, question why some victims exhibit no symptoms, while others have obvious symptoms that the victims claim are in response to the same events. This expectation of uniformity in response to trauma has been a hindrance to understanding this condition in this Nigerian society. The best approach to helping the Nigerians understand this condition is by exposing them to research findings that have addressed some areas of their skepticism, particularly focusing on research findings that developed from the same skeptical position which they hold.

²²¹ Ibid., 176 .

²²² Kocijan-Hercigonja, 165 .

Chapter Summary

Our study in this chapter took us through the history of coming to understand trauma as a clinical disorder that can hamper the victim's optimal functioning. We also saw that one could not have a good understanding of the effects of war on children without understanding trauma and its many manifestations in a child. We saw how physical, emotional, social, and cognitive reactions of children toward trauma can truly impede their successful integration into society and functioning at a desirable level. Trauma, as we discovered, has led children to become either oversocialized or undersocialized, neither of which is healthy for the child's development. We also saw how children are dependent on the social system around them to help them through a healthy development process. But damage to the social structure is always the first casualty of war, causing children to lose resources essential to their development. Rather, the child in this social dilemma encounters experiences such as forced relocation, abuse (especially children and young women), life in refugee camps, and loss—to mention but a few. These negative activities usually lead to clinical disorders such as ASD or PTSD. This is an indication that, left untreated, trauma encountered in childhood could have residual effects in adulthood functioning.

As the devastating effects of conflict on children have been examined, the need to provide care for victims of these incidences in Plateau State, Nigeria is apparent. I mentioned above that skepticism of the validity of this condition in the Nigerian context is an issue to bear in mind. Unfortunately, however, this is just one of a number of impediments a treatment program could face. Therefore, for such a program to succeed, it is important to be aware of these obstacles and prepare appropriately to tackle them. In the next chapter, we shall be looking into sociocultural and religious obstacles unique to this context and how they could influence the intervention process.

CHAPTER 4

ENCUMBRANCES ENCOUNTERED BY A HOLISTIC MODEL OF HEALING FOR PLATEAU STATE, NIGERIA

Introduction

Having given attention to assumptions of and approaches to trauma and its treatment in the West, we turn to recognize the challenges such views and practices present in the Nigerian context, keeping in mind that the objective of this dissertation is to think through what a holistic treatment program for trauma would be like for children-adolescents between the ages nine to eighteen years in Plateau State, Nigeria. We must take into account the unique cultural and social issues presented in this context that are in tension with the trauma treatment models developed in Western Europe and North America.²²³ These tensions that arise from the differences between the West and the unique Nigerian cultural and social situation are what I choose to describe as encumbrances or otherwise, impediments.

This chapter, therefore, identifies certain problems that are likely to be encountered by any holistic treatment program such as the one I envision, especially in its application to children in the Nigerian context. I begin with a discussion of the limited understanding of PTSD in Plateau State, Nigeria regarding both diagnosis and treatment. I then discuss approaches to psychospiritual well-being in both Nigeria and Western contexts, noting cultural issues related to both. I then address the fact that both the linguistic diversity and some common cultural practices in Nigeria may be hindrances to healing. The final section discusses a number of other contextual impediments with which the HCST program must contend if it is to succeed.

²²³ My use of the terms “West” or “Western” refers to these two regions.

Understanding of Posttraumatic Stress Disorder (PTSD) in Plateau State, Nigeria

In the third chapter, I noted that the understanding of trauma in Nigerian culture is roughly what it was in the Western world about 100 years ago. Keeping in mind this lag in understanding, we can better comprehend how it is that Nigerian constituents might question the genuineness of the condition we call trauma, considering the inconsistencies and variety of victims' symptoms. The diagnosis of PTSD is not familiar in Nigerian contexts, where Western-type psychotherapy is very rare. This would imply that PTSD as a disorder is likely to be a new concept to many involved in the HSCT program. Hence, an initial need is to help the people comprehend it. To accomplish this requires a collaborative effort and informed involvement of all.

The most frequently asked question by skeptics of PTSD is why people who have experienced the same traumatic event do not all experience similar symptoms. To use a medical analogy: not all people exposed to a toxic element contract diseases expected to affect victims of such exposure. Similarly, some smokers have acquired diseases (such as lung cancer) normally linked to the habit, but others who have smoked for extended periods of time have been spared the disease. In the case of psychological trauma, new research has shown that fifty to seventy five percent of women and sixty to eighty percent of men experience extreme traumatic events at some point in their lives but only a small percentage of these develop traumatic stress or PTSD.²²⁴ Unfortunately, critics of the diagnosis have questioned whether there is any evidence that traumatic stressors form a unique class with their own distinctive effects or whether they are simply the results of personal characteristics along with other environmental issues. Skeptics inquire about the duration of symptoms, which differ substantially from person to person.

²²⁴ Brewin, 44.

Because of such differences and skepticism, when a helper feels that a trauma survivor is not recovering “quickly enough,” the helper might begin to blame the survivor for the slow pace in recovery; here the thinking is that the survivor has control over the situation and should therefore work more aggressively toward his or her own healing. This is a common misunderstanding not only of cynics of the disorder but also of lay persons in general.²²⁵ People living close to victims of misfortune have tended to expect that the victims should eventually return to their pre-event psychological state. Until the condition was fully identified, even some in the medical community shared this expectation.²²⁶ The consequent unfair and unrealistic expectations laid on victims and the doubting of the genuineness of the symptoms only increases the suffering associated with trauma.²²⁷ Besides questioning the duration of the symptoms, critics have also doubted the victims’ accounts of flashbacks, or re-experiencing of the event. Critics have tended to dismiss these phenomena simply as the individual’s failure to return to normal.²²⁸

Understanding Trauma Victims

In our discussions of reactions to trauma, we have arrived at an understanding of those reactions primarily from observers’ descriptions. But what would a *trauma victim* wish observers to understand about them and their experience? Initially, a victim’s feeling is that they will never be the same again, and that their experiences have changed them forever. They feel that people who have not undergone similar trauma cannot understand them. After an extensive

²²⁵ Ibid., 16.

²²⁶ Ibid.

²²⁷ Ibid., 31.

²²⁸ Ibid., 30.

study of victims of psychological trauma, Jonnie Janoff-Bulman has this to say about victims' feelings toward their traumatic experience:

Those who had survived a traumatic life event generally view themselves and the world less positively than those who have not been victimized. They recognize that bad things happen more often than they had thought, that people can be monstrous, that events may be more random, less just, and less controllable than they had thought. They realize that being a decent person was not prevention against bad outcomes, or they maintained a belief that the world is just but no longer perceive themselves as decent and good. Regardless of the particular pattern of basic assumptions affected, to them, the world was no longer unquestioningly regarded as safe and secure. They had "walked through a door," and what they found on the other side was threatening.²²⁹

Victims report some common psychological distress following their ordeal. First, they talk about seeing themselves as powerless, as having undergone an experience in which they could only observe what was happening without the ability to change it. Among other things, this undermines a positive identity of being competent to act and protect oneself along with others. Second, having felt helpless in the face of what happened to them, many survivors have ended up with feelings of guilt, typically in the form of inferiority feelings, because of their inability either to help themselves or prevent harm being done to someone else. Guilt mixed with powerlessness, Chris Brewin states, is an "emotion that reflects the undermining of the previous self."²³⁰ In a fatal event, survivors may wonder why they lived while others died--a question that could raise what has been termed survivor guilt. After pondering such scenarios and not coming up with a satisfactory answer, they may conclude that they should have died, and they are now living because of some kind of mistake. Survivors with these types of thoughts may, at times, feel unworthy to have survived compared with the more "valued" deceased. This reaction is typically exacerbated by preexisting feelings of unworthiness and inferiority. Brewin

²²⁹ Ronnie Janoff-Bulman, *Shattered Assumptions: Toward a New Psychology of Trauma* (New York: Free Press, 1992), 74-75.

²³⁰ Brewin, 77.

notes that traumatic events sometimes also lead to deep feelings of shame. Such shame normally comes from undesired thoughts, impulses, actions, or characteristics that are experienced as inferior or unworthy and must be masked in order to be accepted by others. He puts it in these words: “Trauma is experienced as a personal failure and acts as a prompt that reinstates the undesired self...”²³¹

Third, survivors have the feeling of not existing and not having a future.²³² This undermines many survivors’ previous experience of having a positive sense of self that provided a sense of meaning or purpose. Such survivors at this stage compare their current situations to the traumatic event in which they survived. In many cases, some consider themselves “dead.” Many Vietnam veterans who survived severe combat scenes in which they witnessed great atrocities, including the death of close friends, have found it hard to be in touch with contemporary reality.²³³ This could be compared to a mental defeat, but it goes beyond powerlessness to encompass a total surrender of one’s self, rights, and expectations as a human being. At this stage of traumatic experience, positive identities are invalidated by the magnitude of the person’s experience of trauma. Traumatic injuries can destroy very important prospects that a person always had (e.g., love, family life, and meaningful work). Hence, the person cannot see a personal future in his /her existence. Some going through this pain consider it an insult to be told that they will “overcome” the situation. They perceive such a suggestion as being inconsiderate of their feelings, as diminishing and invalidating the depth of their hurt.

²³¹ Ibid., 78.

²³² N. Duncan Sinclair, *Horrific Traumata: A Pastoral Response to the Post-Traumatic Stress Disorder* (New York: Haworth Pastoral Press, 1993), 69.

²³³ Brewin, 82.

Fourth, survivors can feel abandoned by others. Feelings of abandonment are usually associated with depression, but they are also identified as a PTSD symptom.²³⁴ It is frequently accompanied by anger, which is a prominent feature of PTSD. When asked, some survivors of severe traumatic experiences have said that they felt abandoned--separated from God; or that God does not even exist.²³⁵ One major complaint by survivors is how little is understood about their plight. They feel that nobody understands their symptoms or why it is taking them so long to recover, resulting in their preference to remain alone. "The lack of what they may regard as the support that is their *right* reinforces feelings of being abandoned, not just when it [trauma] happened but in its aftermath as well."²³⁶

Fifth, survivors may perceive others as being hostile and betraying. Often traumatic events involve the action or inaction of other people, such as in war-related accidents, assaults, or disasters that have a human cause. In part, the incident challenges those aspects of our identity that depend on relationships with others and on our right to be valued and treated with consideration. Once a survivor encounters evidence that indicates to them that they are not valued, even by strangers, they can feel quite unsettled. Even minor discourtesies in normal daily engagements can potentially stir anger and resentment. Victims become even more resentful and feel totally betrayed when society around them seems not to be interested in hearing their side of the story. It is at this point that they may ask why they are selected for such mistreatment, or they may see themselves as marked persons.²³⁷ These victims have strong feelings that their trust has been refused and destroyed. Once trust is disturbed, and we question

²³⁴ Ibid., 81.

²³⁵ Sinclair, 45-46.

²³⁶ Ibid., 82.

²³⁷ Ibid.

the benevolence of those on whom we rely to be safe, any relationship with others becomes weakened. These identities or “misidentities” assumed by victims of trauma are closely linked to relationships with others. Consequently, the healing of this condition is not attainable from an individualistic perspective. It is this social aspect that makes the involvement of a supportive society in the healing process of trauma victims crucial.

Misperception of Children as Resilient After Traumatic Encounters

A major encumbrance to deal with in this program is the issue of children and trauma. In our study of PTSD in the previous chapter, we discovered that PTSD carries the risk of causing debilitating reactions in victims, reactions that can affect full functioning. We remember that, initially, children were excluded from the category of those who are susceptible to traumatic experience. Eventually, however, further research that focused on children showed this assertion to be inaccurate.²³⁸ In fact, some researchers found that PTSD can have more drastic psychological effects on children in certain situations than on adults.²³⁹

It is highly probable that in the Nigerian culture, where filial piety is a highly regarded virtue, children will likely not come forward with complaints or true expressions of their feelings about traumatic experiences. They will more likely leave the decision on voicing out their feelings to an adult, or an adult will instruct them regarding what to say. Thus, the assumption previously held in the West that children are resilient and not affected by trauma still describes the way African society tends to feel about children and trauma. A concerted effort must be made to reverse this notion and encourage the people of Plateau State, Nigeria to support

²³⁸ Eileen Meier, “Effects of Trauma and War on Children,” *Pediatric Nursing*, 28, no. 6. (2003): 626-29.

²³⁹ Atle Dyregrov and William Yule, “A Review of PTSD in Children,” *Child and Adolescent Mental Health* 11, no. 4 (2006): 176.

children who have survived trauma. Education on childhood symptoms of traumatic stress, as discussed in the previous chapter, is imperative. Particularly, since the Holistic Soul Care Treatment (HSCT) program is intended for children, skeptics regarding the effect of trauma on children must be brought on board before they negatively influence children with wrong information.

When a society questions the validity of a problem or it does not fully understand the dangers of the ailment, their response to the treatment will be minimal. A good example is that psychological trauma may be very real yet may not exhibit any visible physical symptoms. Seemingly, everything returns to normal after the traumatic event has passed. Such assumptions are most likely incorrect. The absence of physical symptoms does not preclude that persons have been harmed in some other less visible way in body, mind, or spirit.²⁴⁰ In a culture that is not familiar with the dangers of trauma, it is easy to leave victims mired in pain without help. It is this that makes it very important to identify certain impediments that might stand in the way of treatment, especially of children, because of their unique symptomatic manifestations.

Cultural Differences in Psychospiritual Healing: Western and African/Nigerian Approaches

For a long while it has been assumed that the Western psychotherapeutic model is universally applicable. The reality is that all therapies are defined or influenced by the cultures from which they originate.²⁴¹ Western psychotherapy is no exception. While the introduction of traditional Western psychotherapy in certain cultures has been fairly successful, it has not found

²⁴⁰ Avigdor Clingman, "Stress Responses and Adaptation of Israeli School-Age Children Evacuation from Homes During Massive Missile Attacks," *Anxiety, Stress, and Coping*, 14, (2001): 165-66.

²⁴¹ Wen-Shing Tseng, "Culture and Psychotherapy: Review and Practical Guidelines," *Transcultural Psychiatry* 36, no. 2 (1999): 131-32.

much acceptance or practicability in others. In a study led by Albert Yeung and Raymont Kam, it was found that those non-Western cultures that have reported some level of success have also admitted the failure of psychotherapy to meet certain demands within a particular context because of certain cultural practices that were overlooked in the new context.²⁴² Dalino Ponce found that successful psychotherapy across cultures largely depends on the therapist understanding the client's cultural concepts and worldview.²⁴³ Conversely, in a study by Howard Blue and Ezra Griffit, it was found that the client's conception of the therapeutic model and the therapist's philosophy of practice makes room for a healthy therapeutic alliance.²⁴⁴ Such reciprocity between therapist and client is what brings about success, especially in intercultural psychotherapeutic interventions.

The Western psychotherapy being introduced into Nigerian culture encounters a worldview that in many ways is in contrast to Western philosophy and approach. We shall discuss both Western psychotherapeutic philosophy and practices and the African psychotherapeutic situation. Information gathered from this investigation should give us a better understanding of the variances that exist between these two contexts. Identifying these differences could help in closing the divide between the two paradigms. This exercise does not suggest a merger of the two systems but rather a more appropriate conception of each which should, in turn, foster a better working relationship.

²⁴² Albert Yeung and Raymont Kam, "Ethnic and Cultural Considerations in Delivering Psychiatric Diagnosis: Reconciling the Gap Using MDD Diagnosis Delivery in Less-Acculturated Chinese Patients," *Transcultural Psychiatry* 45, no. 4 (2008): 535.

²⁴³ Danilo E. Ponce, "The Adolescent," in *Culture and Psychotherapy: A Guide to Clinical Practice*, ed. Wen-Shing Tseng and Jon Streltzer (Washington, DC: American Psychiatric Press, 2001), 199.

²⁴⁴ Howard C. Blue. and Ezra E. H. Griffit, "The African American," in *Culture and Psychotherapy: A Guide to Clinical Practice*, ed. Wen-Shing Tseng and Jon Streltzer (Washington, DC: American Psychiatric Press, 2001), 146.

Differences in Worldview

Western psychotherapy is influenced by a Cartesian worldview, which rests heavily on a dualistic understanding of existence. Dualism emphasizes a way of seeing things as contrasting opposites.²⁴⁵ Thus, for example, the human being consists of mind and body, and the mind is distinguishable from the body in which it is housed. In the introduction to the most recent *Diagnostic & Statistical Manual of Mental Disorders (DSM-IV-TR)*, the American Psychological Association acknowledges that this guide to Western psychotherapeutic practice is influenced by this philosophy and thought pattern.²⁴⁶ An example of dualism is found in the DSM-IV-TR's very categories of mental disorders, which imply a distinction between "mental" disorders and "physical" disorders. This is a reductionist anachronism of mind/body dualism.²⁴⁷ Also, the concept of a "mental disorder" situates pathology within the individual, or to be more specific, in the individual's mental world. Such a worldview does not account for the context of the whole person—his or her environment, society, and culture or, for that matter, his or her own physical body. This is further evidence of the underlying individualistic assumptions of western dualism in psychotherapeutic practice. Additionally, the DSM-IV-TR relies on dichotomies in its criteria for analysis. For example, either the patient suffers from sleep disturbance or not; preoccupation with death or not. Similarly, criteria are assumed to be either positive or negative but, for example, how do we know when a particular amount of guilt is an inordinate amount that would call for a diagnosis of depression?²⁴⁸

²⁴⁵ Penelope Campling, "Race, Culture and Psychotherapy," *Psychiatric Bulletin* 13 (1989): 550-51.

²⁴⁶ DSM-IV-TR, APA, 2004, introduction.

²⁴⁷ Ibid.

²⁴⁸ Yeung and Kam, 536.

The African worldview differs considerably, in that it tends not to be dualistic. It does not draw a line between, for example, the living and the non-living, the natural and the supernatural, the material and the immaterial worlds, the conscious and the unconscious. Unlike in the West, where these are understood as contrasts, where thinking tends toward either/or assessments, in African cultures they tend to be seen as unities.²⁴⁹ For example, death and life are intertwined. The African does not see a person as being either dead or alive. Rather, death and life coexist and intertwine in the sense that from the time of their death until the person is no longer remembered by anyone alive, the person is considered to be among what John Mbiti refers to as, the “living dead.” These living dead are included in ritual activities and remembered in many community functions. And when there is no one alive that knew them in person, they move on to become not “dead” but ancestors. With such different worldviews, African and Western psychotherapeutic practices will find a number of areas of contention.

Differences in Conceptualizations and Practices in Healing

It must be acknowledged that Western psychotherapy has evolved into diverse discourses and numerous schools of thought.²⁵⁰ Nonetheless, some common understandings can be identified. Anthony Kiat defines psychotherapy as a form of treatment that is based on the systematic use of relationships between the therapist and the patient with the goal of producing change in the feelings, thinking, and behavior of the patient. Kiat notes that the aim of psychotherapy is to help remove symptoms that are depressive to the patient and alter behavioral patterns that disturb the person. It also aims at helping the patient to better cope with the

²⁴⁹ Erhabor S. Idemudia, “Mental Health and Psychotherapy 'through' the Eyes of Culture: Lessons for African Psychotherapy”

http://www.inst.at/trans/15Nr/02_7/idemudia15.htm (accessed March 10, 2009) .

²⁵⁰ Jeffrey K. Zeig and W. Michael Munion eds., *What is Psychotherapy?: Contemporary Perspectives* (San Francisco: Jossey-Bass Publications, 1990), 17.

distresses of life and help improve the patient's interpersonal relationships. All these are expected to lead to personal growth and maturation.²⁵¹ Rudolph Dreidurs describes psychotherapy as "a learning process,"²⁵² in which the patients learn about themselves and life. Like any other learning processes, it affects perception, memory, and belief. Dreidurs further states that the patient may not be aware of what he or she is learning, because it may not take place on a conscious level. "For this reason a teaching procedure can be highly efficient without involving any overt intellectual discussion or conscious dealing with cognitive process"²⁵³

Nigerian healing approaches, like many others, are intended to alleviate psychological distress, thus enabling the person to potentially attain a good life. The primary intention is to return the person to the normal life once enjoyed. However, this approach to healing does not focus on the victim alone. While the victim may be the person directly affected, the community is the locus of agency. Also, the source of the ailment is an important aspect of therapy and other forms of healing. The African pastoral therapist, Abraham Adu Berinyuu, states that "it is the task of the African therapist to put the cause of sickness into an appropriate social-cultural context."²⁵⁴ John Mbiti's comments are similar to Berinyuu's assertion; Mbiti emphasizes that finding the source of the problem is believed to help people avoid future occurrence of the same problem, and so treatment could involve the whole community.²⁵⁵ Furthermore, Mbiti states that the healer-practitioner has community sanctions for his/her ability to determine through diverse

²⁵¹ Anthony Ang Wee. Kiat, "Psychotherapy," <http://www.med.nus.edu.sg/pcm/book/39.pdf> (accessed March 10, 2009).

²⁵² Rudolph Dreidurs, "What is Psychotherapy? The Adlerian Viewpoint," *Journal for the American Academy of Psychotherapists* I, no.1 (1959): 17.

²⁵³ Dreidurs, 17.

²⁵⁴ Abraham Adu Berinyuu, *Towards Theory and Practice of Pastoral Counseling in Africa* (New York: Peter Lang), 63.

²⁵⁵ John S. Mbiti, *Introduction to African Religion* (London: Heinemann, 1987), 167.

means the source of the suffering one's problems. The role of the healer is one that may be inhibited or gained by status and through reputation in the society. Before the larger community is involved, the family first participates in the treatment along with the patient. The healer-practitioner attempts to identify the cause of the ailment, a step that is crucial to determining what approach the practitioner will employ in treatment. This is particularly significant in African traditional healing, which is concerned not so much with how the client is affected by the ailment but rather knowing the source that is responsible for it.²⁵⁶ People within the society itself could be the culprits. Thus, treatment lies in the practitioner's ability to determine the root cause(s) of the issue in the community. The goal is to help get rid of a problem in one of their own members, and in the process save all others from future reoccurrence of the disease.²⁵⁷

Individual autonomy is arguably the single most defining aspect of Western culture that has influenced the approach of psychotherapy. It emphasizes the individual person as what Laurence Kirmayer refers to as the "locus of agency"; in other words, the central point of therapy.²⁵⁸ Kirmayer states that the dominant values of this therapeutic paradigm lie in individual autonomy, encouraged by what he terms "the passion for achievement driven by materialism."²⁵⁹ According to Kirmayer, Western psychotherapy is a practice that has been influenced by Christian religious philosophy and tradition, which has also undergone a number of changes with time. Nonetheless, it still retains the individual as the locus of agency. He puts it in these words:

²⁵⁶ Ibid.134.

²⁵⁷ Ibid., 169 .

²⁵⁸ Laurence J. Kirmayer, "Psychotherapy and the Cultural Concept of the Person," *Transcultural Psychiatry* 44, no. 2 (2007): 244.

²⁵⁹ Ibid., 243.

American individualism has itself undergone historic change...the transformation of the Puritan Biblical ideal--which emphasized the person's unique standing before God based on his strength of character and moral rectitude--to less religion centered Republican individualism of rugged, free-thinking, independent me freely choosing to participate in community.²⁶⁰

Kirmayer goes on to explain how this religious culture of individualism has directly influenced western psychotherapy: "Early therapeutic manifestations of utilitarian individualism, in Christian Science and other systems of 'positive thinking' were tempered with a Biblical or Republican ethos that emphasized the individual's role in the community of man and God."²⁶¹ This attitude reflects an interpretation of Christian theology in which the individual is personally responsible to the deity. In this tradition, life on earth is viewed as ending with humans individually giving account of their activities on earth. Everyone will take responsibility for their own actions..."for the Son of Man is going to come in his Father's glory with his angels, and then he will reward each person according to what he has done."(Matt. 16:27) This viewpoint is reflected in therapeutic-approach circles where the individual is primarily responsible for what has happened or will happen in his/her life and needs, therefore, individual counsel with the therapist.²⁶²

Western therapeutic processes are, therefore, oriented toward the individual, who is seen as the locus of agency in a relational narrative process that is centered on the client. The client attends diagnostic treatment with the professional therapist, trusting that the therapist is performing his/her duties in good faith. The therapist ensures that he/she has a thoroughly personal psychotherapeutic approach, devoid of counter-transference, enabling the therapist to listen to what the client is trying to communicate without the therapist's own needs getting in the

²⁶⁰ Ibid., 240.

²⁶¹ Ibid., 241.

²⁶² Ibid., 250.

way. According to Richard Chessick, Western psychotherapy claims to be the only type of therapy that can offer this fundamental setting in which the roots of the patient's pathology can be uncovered for examination and working through.²⁶³ Unfortunately, such client-centered psychotherapeutic practice often encounters resistance in other cultures, such as the Nigerian context, where the locus of agency is typically the community rather than the individual. Let us look at this more fully.

A number of African scholars have argued that certain traditional African practices could be considered a form of psychotherapy. Olu Makinde argues that "therapists" in African traditions come under various ethnic names, such as the "*Da Chi* among the Berom," *Babalawo* among the Yorubas, and *Usenakpa* among the Ibibios.²⁶⁴ Similarly, African pastoral therapist Berinyuu states:

Divination...has its basic assumptions, and operates according to a certain logic with rules and regulations. It could be said that it is a science of its own category. Perhaps it is a form of what is known as psychotherapy in the West.²⁶⁵

Nigerian-African treatment models share philosophies from two therapeutic paradigms addressed by Kirmayer. He calls them the "sociocentric" model and the "cosmocentric" model. In his work among the Bambara of Mali, Imperato shows that the sociocentric model is defined by family, clan, lineage, and community; it values ideals and practices such as collectivism and interdependence.²⁶⁶ Cooperation of the entire community is expected, as this brings honor to the

²⁶³ Richard D. Chessick, "Dynamic Psychotherapy," in *What is Psychotherapy?* ed. Jeffery K. Zeig and W. Michael Munion (San Francisco: Jossey-Bass Publishers, 1990), 34.

²⁶⁴ Olu Makinde, "Historical Foundations of Counseling in Africa," in *Counseling and Pastoral Theology in the African Context*, ed. Masamba ma Mpolo and Wilhelmina Kalu (Ibadan: Daystar Press, 1985), 22.

²⁶⁵ Berinyuu, *Towards Theory and Practice*, 45.

²⁶⁶ Pascal J. Imperato, *African Folk Medicine: Practices and Beliefs of the Bambara and Other Peoples* (Baltimore: York Press, 1977), 100.

person and to the community as a whole. Family, and particularly filial piety, is highly valued in this kind of society. Agency is derived from the group rather than an individual and, consequently, this model gives particular attention to a person's connection within their household and community, rather than simply in the personal or individual dimensions. In the African polyvocal²⁶⁷ contexts, some therapists or other healers, such as diviners, might even investigate whether the presenting affliction is in any way linked to the client's failure to comply with certain cultural obligations, such as participation in religious or ceremonial ritual events. The diviner, Beriyyu says, "is a person who discloses the causes of misfortune and death. His job is not to foretell the future, but rather to scrutinize the past in order to identify the spiritual and human agents responsible for personal misfortunes."²⁶⁸ The resulting polyvocal approach could come in the form of dialogue between the client (and "the client" may not be just one person) and the therapist (or therapists, if a community, or community leaders). This method has more of a collective and ritualistic style, where the group participates in the treatment process. David Augsburger puts it in these words, "Group support may vary from a renewal of the social network or inclusion in a therapeutic 'healing' community."²⁶⁹

A second therapeutic paradigm identified by Kirmayer and commonly reflected in Nigerian-African healing practices is a cosmocentric model. The dominant value is the cosmic order, as it is defined by the ancestors. Berinyuu describes it in these words: "the African concept of sickness is both individual and cosmic. It may be caused by an individual not acting

²⁶⁷ Many or multiple voices.

²⁶⁸ Abraham Adu Berinyuu, *Pastoral Care to the Sick in Africa* (Frankfurt am Main: Peter Lang, 1988), 37.

²⁶⁹ Augsburger, 282.

appropriately, i.e., violating the spiritual laws that bound him or her, thereby, invoking [?] the curse of the ancestors.”²⁷⁰

Holism, Kirmayer says, is held essential in this paradigm; the individual is not given great consideration because of the greater sum of the society which consists of the living, the ancestors, and the “living dead” members of the clan who died more recently but whose memory still exert considerable influence on the living.²⁷¹ The locus of agency in this practice is the gods and the spirits that serve as mediums in therapy. As in the sociocentric paradigm, here also the narrative model of the self is polyvocal, but it also uses mythological narratives. Healing typically occurs through deliverance from possession and through divination.

Therefore, while on one hand the Western psychotherapeutic approach to healing places great importance on individuals, their rights, and their freedom, African approaches, on the other hand, see the individual through the lens of the community. Since this community may extend beyond the visible physical community, the method of treatment in this approach likewise extends to that larger world.

Western psychotherapy urges the patient to look within to find the origin and solution to their problem. Looking within themselves, they will discover who they are.²⁷² It is through this self-discovery that the client will grow into a healthy person. The client is urged to respond to his or her own emotions. This philosophy teaches that human beings are naturally growing and evolving in a positive manner within a supportive emotional culture.²⁷³ However, it is possible that this growth could be hampered by interpersonal obstruction. In her study of client-centered

²⁷⁰ Berinyuu, *Pastoral Care*, 35.

²⁷¹ Mbiti, *African Religions*, 119.

²⁷² *American Academic Encyclopedia*, 1998 ed., s.v. “psychoanalysis,”

²⁷³ Ruth Sanford, “Client-Centered Psychotherapy,” in *What is Psychotherapy?* ed. Jeffery Zeig and W. Michael Munion (San Francisco: Jossey-Bass Publishers, 1990), 82.

psychotherapy, Ruth Sanders observed this paradigm to be so centered on the individual client that, at times, other relationships are not given the attention they deserve in the mental healing process of the client.²⁷⁴ Unlike Western psychotherapy, where the client is guided towards self awareness, Berinyuu points out that in African sociocentric and cosmocentric psychotherapy, by contrast, “the patient is not encouraged to gain insight to achieve independence from others.”²⁷⁵ Rather, similar to Berinyuu’s argument referenced earlier, Erhabor Idemudia states that the therapist attributes the cause of mental disorder to external origins such as the breach of a taboo or customs, disturbances in social relations, hostile ancestral spirits, spiritual possession, demonic possession, or evil machinations. Other origins often suspected include evil eye, sorcery, natural causes, and affliction by God or gods. Most of the time it is the community that is called upon to be part of the healing process for the patient²⁷⁶

So far, we have studied a number of sources that affirm that in African traditions, ailments are believed to have supernatural external origins. It is also believed that the victim might have contributed to the illness either by omission or by commission of cultural taboos. For instance, psychological dysfunction could be blamed on an unfulfilled promise made to the ancestors or divinities, thus leading to the practice of sorcery and evil spells. Writing on the Bambara, Pascal Imperato reports that:

In a series of divination ceremonies, the patient is advised to make appeasing sacrifices to a number of possible causative supernatural agents, to take certain herbal medicines, to employ charms protective against witches, sorcerers and spirits, to change his place of residence, and even to change his usual manner of behavior.²⁷⁷

²⁷⁴ Sanford, 79.

²⁷⁵ Berinyuu, *Towards a Practice*, 62.

²⁷⁶ Idemudia.

²⁷⁷ Imperato, 96.

Beyond this supernatural cause of ailments, African cultures often give consideration to social incidents, which would affect the whole ethnic group or community, perhaps causing psychological illnesses. In such cultures, Idemudia says, it is often believed that diseases can be transmitted from one generation to another if the original cause is not mitigated. It is often in such cases that collective therapeutic rites are performed to stop the problem from lingering for too long in the community.²⁷⁸

So it is that Africans consider some psychological illnesses to be the result of distortions or disruptions in harmony between an individual and the cosmos. This can come from family, peers, society, or ancestors; offense against a deity also could be suspected in this belief system. Causes of this kind are rarely considered in Western thought.

Renowned African pastoral caregiver and scholar Masamba ma Mpolo has called attention to the African “palaver gathering” as an authentic traditional therapeutic model that should be utilized by present-day African therapists. The closest equivalent I find to this practice in Western psychotherapeutic approaches would be group therapy, though palaver gatherings can be quite larger, because they are held by the clan or hamlet. Ma Mpolo describes the palaver gathering as a therapeutic process that establishes healing through restoration of hope and of relationships between the client and significant members of the clan. He puts it thus, “Group therapeutic palavers offer a living opportunity for group therapy to become a means for community learning and common search for new human values, such as love based on acceptance and not on performance.”²⁷⁹

²⁷⁸ Idemudia.

²⁷⁹ Masamba ma Mpolo, “Perspectives on African Pastoral Counseling,” in *Counseling and Pastoral Theology in the African Context*, ed. Masamba ma Mpolo and Wilhelmina Kalu (Nairobi: Uzima Press, 1985), 6.

Differences in Diagnostic Processes and in the Healing Client-Therapist Relationship

Even when there is an individual identified as the patient, the relationship between African healers and patients differs considerably from the client-therapist relationship of Western methods. The African healer hardly, if ever, verbally engages the patient, having little or no interest in what the patient has to say. This indifference does not imply apathy; rather, the African healer's attention is focused on things which can pinpoint the causative agent. He or she would seek information from the family regarding the time of the onset of the illness and related information helpful to his quest. Though the patient speaks, s/he only gives information relevant to the healer's quest. Once that information has been obtained, the healer conducts divination to determine the cause of illness. At the completion of that process, the healer may visit whoever has brought the patient to the therapist-healer, in order to inform them of the diagnosis. This can, at times, involve a complex question and answer process, ending with their formulation of a consensus of opinions identical to the healer's.²⁸⁰ During this process, the patient says very little and the therapist does most of the talking. In some African cultures, the patient has no participative role in this process, a function left for his social circle, the persons who come with him or her to the session.

By contrast, in Western psychotherapeutic practice, as noted above, the patient's verbal expression of his or her feelings is the focus.²⁸¹ The narrative report of the patient alone is the information most sought by the therapist. Situations may arise when the therapist may need to gather some information from close family or friends of the client. Further, unlike the Nigerian therapist, Western therapists, in most cases, try to analyze their client by taking the role of a

²⁸⁰ Imperato, 102.

²⁸¹ *The Encyclopedia Americana, International Edition*, 1994 ed., s.v. "basic concepts of psychotherapy."

listener in the course of therapy. Further, most models also provide the patient considerable opportunity to express his or her feelings.²⁸² Using the DSM as a tool to guide and inform its psychotherapeutic process, much Western psychotherapy is guided by symptom categories described in the DSM. The diagnosis thus discerned determines the treatment method to be employed with the client. The origins of psychological ailments are not as much a concern to the process in this psychotherapy model as are the individual's feelings and how they currently affect the client, based on the categories outlined in the DSM.

In contrast, as noted above, especially in the cosmocentric world view, African approaches to healing rest on the origin of the ailment, which determines the treatment approach to be applied.²⁸³ For example: a man suffers from impotence, with the result that his wife cannot conceive. Realizing the negative effect this problem could have on their marriage, they consult a diviner for help. The diviner tells him that his impotence was caused by the "shade" (curse) of his grandmother. In this case, impotence was seen as neither a physical nor an emotional problem, but one involving the man's relationship with his ancestors. In this situation, the focus is not so much on the man's dysfunction, but on the consequences it has for the family's genealogy. Here the person is viewed as one who is an intimate part of the familial and social systems. Therapeutic intervention in the illness will investigate the client's social relationships with his ancestors, spouses, and descendants rather than physical or emotional disturbances.

Communication: Linguistic Factors as Encumbrances

Linguistic communication is the most important tool in the art of Western psychotherapy. Unfortunately, language communication in therapy sometimes constitutes a problem in Western-

²⁸² Howard Clinebell, *Basic Types of Pastoral Care and Counseling* (Nashville: Abingdon Press, 1984), 84.

²⁸³ Idemudia.

oriented therapeutic processes. Such obstacles could emanate from a poor comprehension of the language being employed in therapy, if the language is not the primary language for the client. Since such a situation could arise in HSCT, in this section, I will address three linguistic factors that are potential encumbrances to applying Western treatment approaches in Nigeria. First I will discuss pidgin English, a colloquial form of English. Then we shall look into the issue of bilingualism and its influence in communication. Finally, we shall discuss the shortcomings in translation, which is also a form of communication.

In psychotherapy, communication comes in many forms: spoken language and non-verbal means, such as body sculpting, drama, music, art, and play. All of these arts have in one way or another been employed in conveying psychotherapeutic messages. However, it is the spoken language that is the dominant means of communication in psychotherapy. The use of language is often taken for granted with people, assuming that because they can speak a particular language, they also are communicating fully in the language.

Language is a critical variable in all interpersonal relationships. For any form of intervention to be successful, reliable information is imperative. Thus, linguistic communication is generally thought of in connection with language and information. It is the message that the speaker tries to communicate, the manifest content of a message, and information about the person delivering the message. This makes communication an intrinsic aspect of psychotherapy, with language as the vehicle used to convey that information.²⁸⁴

How does language work in psychotherapeutic contexts, and specifically how does it relate to this African community? To lay the groundwork for this discussion we need to have an

²⁸⁴ David M. Russell, "Language and Psychotherapy: The Influence of Nonstandard English in Clinical Practice," in *Clinical Guidelines in Cross-Cultural Mental Health*, ed. Lillian Comas-Diaz and Ezra E. H. Griffith (New York: Wiley, 1988), 33.

idea of the sociolinguistic matrix of Plateau State, Nigeria.. The linguistic norm in this culture is that virtually everyone speaks two or three languages. The languages spoken are: English, the official language of the country; Berom, the local native language; Hausa, the trade language; and pidgin English. All these languages, currently used in this context, constitute an encumbrance when it comes to communication—as we shall soon discover with bilingualism. But first we address the growing phenomenon of Pidgin English.

Within each language are various dialects, each of which carries a set of sociolinguistic cues that structure a context within which the message is interpreted.²⁸⁵ This is particularly apparent with the English language, the most widespread language in the world today. Its international dominance and influence on modern social communication and interaction is phenomenal and dates as far back as the late eighteenth century.²⁸⁶ Virtually every place where the English language has reached, it has left behind sociolinguistic clues, such as colloquial expressions or “dialects.” One such imprint of the English language is the pidgin English widely spoken in West Africa and some parts of Asia. Today it has become a common language of communication in Plateau State, Nigeria, and it is an example of non-standard English languages, which have been observed to be impediments to psychotherapeutic practices in some areas where it is used.²⁸⁷

While it may be true for many, not every person who speaks a language fully encodes or decodes messages in that language. This is particularly true of bilinguals.²⁸⁸ This dynamic is yet more complicated when the language employed is not a first language to either the speaker or the

²⁸⁵ Ibid, 50.

²⁸⁶ *The Encyclopedia Americana*, International ed., 1981, , v. “English Language,” by Margaret M. Bryant.

²⁸⁷ Russell, 34 – 45.

²⁸⁸ Ibid., 50

listener. In a study conducted among Russian émigrés from the former Soviet Union, Anna Halberstadt²⁸⁹ found that bilingualism should not be taken for granted when in psychotherapy. The therapist needs to understand that a client may have different levels of understanding in the languages being used in therapy. Citing L. R. Marcos, Halberstadt notes two levels of proficiency among bilinguals. The *subordinate bilingual*'s level of competence of the two languages is asymmetrical; that is, he or she has a far better understanding of one language than another. It is like understanding 95% or more of one language compared to 60% or less of the other. The *proficient bilingual*, on the other hand, has a strong command of both languages. In this case, the person's understanding of both languages is often in the 95% to 100% range. The problem for subordinate bilinguals is their inability to use adequately the two languages in psychotherapy. While many clients may have a reasonable concept of the two languages that would be employed, the problem is that these are either second or third languages to the clients. Using Marco's classification of bilingual language compatibility just cited, more than 75% of the population of Nigeria could fairly be considered to be subordinate bilinguals. The danger in this scenario is that many in this group may claim that they fall under the proficient bilingual category, when in fact not all information conveyed is well comprehended.

A common habit in bilingual communities is the temptation to speak in one language, while at the same time injecting terms, phrases, and even sentences from the other language or languages, a practice known by linguists as code switching, understood as "total or partial language shift within a given situation or conversation."²⁹⁰ This occurs in Nigeria, where the official, trade, and indigenous languages are commonly used simultaneously. Code switching is

²⁸⁹ Anna Halberstadt, "The Use of Language in Psychotherapy with Emigres From the Former Soviet Union," *Journal of Jewish Communal Services* 71, no.1 (Fall 1994): 93.

²⁹⁰ Russell, 35.

a common occurrence in the course of such conversations, thus the likelihood of its occurrence in psychotherapeutic sessions is high. Halbertstadt warns against code switching by bilinguals in psychotherapeutic sessions because of message distortion in the process. She admitted to moments during therapy when she switched languages either consciously or instinctively. Of this, she said: “Switching the language during a session with bilingual(s)...may have a serious impact on the course of therapy.”²⁹¹

Another factor that must not be forgotten in communications is language translation, which creates yet another dimension to multi-lingual therapeutic processes. Studies by Wen-Shin Tseng and Jon Streltzer have shown that translation does not always convey the whole message being relayed by the speaker through a translator. There are certain expressions in the original language that are not adequately expressed in the language into which it is being translated. Indeed, “many concepts and feeling states cannot be comprehended and translated from one language to another. The therapist must recognize that the translation may be an equivalence or an approximation.”²⁹² The preceding discussion is a crucial reminder that psychotherapy is an art profoundly affected by sociolinguistic and linguistic dimensions of speech.²⁹³

Cultural Practices as Encumbrances

This section will address accepted cultural practices that are unique to Nigerian society and considered essential among some groups, but arguably traumatic in their outcomes. It will be hard for successful treatment of trauma to be attained if trauma-inciting activities are being

²⁹¹ Halberstadt, 93.

²⁹² Wen-Shing Tseng and Jon Streltzer, “Integration and Conclusion,” in *Culture and Psychotherapy: A Guide to Clinical Practice*, ed. Wen-Shing Tseng and Jon Streltzer (Washington, DC: American Psychiatric Press, 2001) , 271 .

²⁹³ Russell, 33.

encouraged in the environment. Because of differences in practice between groups, I will be discussing those with which I am familiar and that I know have been responsible for traumatic activities.

Shadi

Fulani people of this region practice a rite of passage for adolescent males called, depending on location, the “shadi” or “sharo.” The word “shadi” means “flogging.” It is an opportunity for the young men to demonstrate to society their masculinity and readiness to take a wife. At these events, young boys beginning at about 17 years of age and older, and young girls aged 11 and up, will gather in the middle of a large circle of spectators. The young boys from among whom the contestants will come cluster together in the first circle surrounded by the young girls who are the prospective brides. Drumming goes on in the widest of the three circles, accompanied by humming of the slogan and theme song, “on the day, that’s the *shadi*, ‘so and so’ (a fictitious name) died.” The drumming continues for a while, with the intention of getting the atmosphere intensely charged, a challenge to anyone who dares to participate. It is also this provocative drumming that helps draw the attention of a large crowd to the event which normally takes place in the market.

Before the actual *shadi* event begins, young men wielding staffs exude fierceness as they widen the circle to give room to more spectators, but also to create a fearful and intimidating scene. Meanwhile, realizing that the atmosphere has become intensely charged, the young participants are surrounded by family and friends to be encouraged into their ordeal. Because the ritual is meant to demonstrate courage and manliness, a prospective candidate is not supposed to back out for any reason or else he might lose the respect both of the girl he intends to court, as

well as his family and friends.²⁹⁴ If he survives the ordeal, he not only has the chance to marry the girl he wishes, but he has an opportunity to take his revenge on his opponent about a week later. When the moment finally comes, the young bare-chested participant comes forward, stretches up his staff, holding it with both hands in a sideways position above his head to expose his bare chest for the flogging. At this moment, the opponent comes forward making gestures as if to charge at the challenger's chest to deliver a severe blow, but he withholds the charge. Holding off the blow is intended to build further tension and anxiety in the challenger who has been awaiting his ordeal for some time. The opponent's intervention is to unleash an unexpected blow, which eventually happens. At an unpredictable moment the opponent launches a severe flogging on the challenger. This continues for quite a while. The challenger is supposed to endure the flogging without showing any sign of pain.²⁹⁵ A grimace appearing on the challenger's face after the blow is a mark of weakness, not befitting a courageous person. Pat Ndukwe's narrative of her witness of the *shadi* continues like this:

At this point one of the young men to be flogged comes out and strikes a defiant pose with one leg crossed over the other and arms are raised up clutching either a staff or a mirror into which he gazes with apparent indifference. Another young man of about the same age and size approaches, wielding a strong, supple cane about a half-inch thick, and moves around the victim taking careful aim. Without warning he lands the whip heavily on the other's ribs, sometimes drawing blood. Blow upon blow may be struck, with the victim shouting for more.²⁹⁶

The chanting of the scary slogan of the event and drumming continues even more intensely now. Frequently blood gushes out of the wounds that are struck again and again.

²⁹⁴ George Moses, "The Fulani," in *Ethnic and Cultural Diversity in Nigeria*, ed. Marcellina Ulunma Okechie-Offoha and Matthew N. O. Sadiku (Trenton, NJ: Africa World Press, 1996), 28.

²⁹⁵ Ibid.

²⁹⁶ Pat I. Ndukwe, *The Fulani*, <http://www.jamtan.com/jamtan/fulani.cfm?chap=1&linksPage=192> (accessed March 10, 2009).

Some have experienced broken ribs²⁹⁷ in the process. Some have met their deaths because of this practice. Children admire this test of endurance, courage, and manliness. Incidents have been reported of children in their games to imitate the *shadi* were either seriously injured or even sustained fatal wounds at the hands of peers. .

Masquerade

The passing of the masquerade has been part of Nigerian tradition for generations. In some Nigerian societies, those participating in the masquerade are considered special people with a unique assignment for the good of the community. “Masqueraders are regarded as special people in their communities forming a crucial and fundamental link between past and present generations.”²⁹⁸ At the same time, the purpose of the masquerade has been a bone of contention in the country since the pre-independence period. Practicing cultures continue to claim it has beneficial virtues on society. Many others, however, insist it is no more than an opportunity for participants to take advantage of anonymity behind masks to rain havoc on the community.

Some ethnic groups claim that the festival of the passing of the masquerade benefits society by protecting the people from powerful evil forces of the underground world. The masquerades supposedly bring along messages from the spirit world of the ancestors and deities for the benefit of the people.

The Masquerades of Nigeria display a highly animated ritualistic form of masked dancing, where the masks personify ghosts from the past, where evil is exorcised, where purification is invoked, where the spiritual, moral and cultural education of the existing community is redefined.²⁹⁹

²⁹⁷ Moses, 29.

²⁹⁸ David Griffiths, *The Masquerades of Nigeria and Touch* (Florence, KY: Gordon and Breach Publishing Group, 1998), 13.

<http://site.ebrary.com/lib/claremont/Doc?id=10099092&ppg=13> (accessed March 21, 2009).

²⁹⁹ Ibid, 18.

Some of the events claim to mark the return of the spirits to bless the community. Others claim that their purpose of visiting the community is to protect the children from evil spirits: for example, welcoming newborns and protecting them from unforeseen dangers. Still others say it helps bring rain in drought conditions. These claims have made attempts to outlaw the practice difficult.

This event is shrouded in secrecy because of the limited number of people allowed close access to the actual event. The festival is intended to be so intense that it evokes fear and awe at the same time. The leaders responsible for this festival have always claimed that the masked figures are not humans but spiritual creatures that visit the community and return to the spirit world upon accomplishing their mission. Since they are well covered, and wearing grotesque masks, no one can identify these “creatures,” and it is hard to contest the authenticity of their claims.

The community is usually forewarned of the upcoming festival. During this festival, many restrictions are imposed on the whole community, such as open pass-ways that will be declared impassable for the duration of the activities. Unfortunately, no signs or road blocks are placed to forewarn those that may be unaware of the event, even though anyone who violates these instructions is severely punished. People under alcoholic influence are most frequently those who have fallen victims to these punishments. Such people have been found eating forbidden foods or passing through areas declared out of bounds. Of all groups affected by this event, however, none are more severely traumatized than the women and children, even though in virtually all masquerade-practicing cultures of this region, women and children are particularly warned to stay out of the way of the masquerades. Some regions prohibit women and children from participating in any way, not even as spectators of the event, let alone as active

participants. Children rarely come in contact with the masquerade, because they are normally locked up during the event. This is because the consequences for violating these restrictions can be quite severe. Some women and children are physically and emotionally molested. Women can be threatened with barrenness or the death of a child. In some places, women who have violated the code have been physically beaten till they become unconscious.

Nigerian Culture in Transition

Culturally, Nigeria is experiencing a complicated period in its history. There is a paradigm shift in process, from the more traditional African culture to a more Westernized culture. While there are those that embrace the change towards Western traditions, such as education and certain cultural practices native to the Western world, there are those that are opposed to the changes. As a result, we have those straining to go the Western ways and those who prefer to retain the traditional African culture. Erhabor S. Idemudia calls those agitating for a full retention of the African traditions and a revival of dead or dying cultural practices as “traditional African.” The group in favor of adopting Western culture he calls “the transitional African.”³⁰⁰ There is also a third group, very small in number--those who are in between. Though they have very little influence, they agitate for the integration of both cultures.

I can see that this divide could be a dilemma for the HSCT program in the sense that, whatever the outcome, the program will be dealing with both of these two groups. The traditionalists insist on everything being done from an African perspective. They want to ensure that any incoming practices, customs, rituals, religions, or psychotherapeutic treatment practices do not replace or undermine the African traditions or come in posing as superior to the African

³⁰⁰ Idemudia.

ways. This group could possibly call for the two treatment models to be applied in a parallel approach, where both are simultaneously practiced.

Transitional Africans want Western culture to be implemented, even at the price or the loss of many of the African traditions. To many in this group, old traditions are considered primitive and should have no place in the contemporary setting. The flip side to this is the group's enthusiastic and unflinching commitment to religion, usually Christianity and Islam, to the point where it potentially becomes a fetish. For instance, some transitional Africans could be so committed to religion that they would prefer to have a psychotherapeutic practice that is purely identified by their religious practices. Extremists in this group may favor religious interventions to address symptoms of trauma and PTSD, rather than psychotherapeutic treatment. This is a group that can be quite rigid and uncompromising.

Concrete Contextual Impediments

The program I describe in chapter 6 is one that will need a number of dedicated volunteer staff. Yet having a reliable volunteer pool could be a challenge. There are so many factors that could mitigate against engaging such volunteers. Selection and training will be both challenging and time consuming; a search will be made to find people who have a passion for seeking a better sense of well-being in children. Perhaps those who come forward will be those who have had the challenge of working through their own trauma. Such first-hand knowledge could be invaluable.

A program such as this will require considerable finances to support its efforts. Even with a significant number of volunteer staff, there will be a need for salaries for full-time staffers who will manage the office and function as coordinators of the program. Under the current

circumstances of a weak economy, financial assistance in the form of transportation fees for volunteer staff will be imperative in order to run the program effectively.

Chapter Summary

Unless we have a good sense of the possible impediments that may be encountered, a program such as this could face unforeseen obstacles because of the varying cultures involved. If not clearly articulated, such ignorance could hamper the success of the program. Thus, I have addressed in this chapter differences between Western and Nigerian worldviews, understandings of trauma as a diagnostic category, and conceptualizations of diagnosing and treating illness. I have also noted local practices that might continue to inflict trauma, even as HSCT tries to reduce the effects of trauma. The chapter ended with a brief discussion of how differences between “transitional” Africans and “traditional” Africans may contest the suitability of the program for the Nigerian context and a few concrete issues that must be addressed if HSCT is to be implemented in the Plateau State region. Obstacles to implementing this program will surely not be limited to those I have enumerated in this chapter. However, preparedness for those I have addressed in this chapter will advance considerably the likelihood that such issues will not prevent the implementation of HSCT.

As I have said, the HSCT program envisioned for children of Nigeria will draw upon the principles of Western psychotherapy and traditional African approaches to healing. It will also draw upon the more internationally-oriented Capacitar program, which we will now review with an eye toward recognizing innovations that will commend it to the treatment I envision for traumatized Nigerian children.

CHAPTER 5

CAPACITAR: A VIABLE TREATMENT MODEL FOR PLATEAU STATE, NIGERIA

Introduction

The intent of this chapter is to analyze Capacitar as a multicultural therapeutic model that could be compatible with the Nigerian culture. The chapter begins with a description of the program and its global outreach. This is followed by discussion of the origins of the program from its beginnings in Central America. The next section investigates the viability of the program based on responses from people who have benefited from it. *Capacitar for Kids*³⁰¹ is the next topic, which gives a brief summary of the program's approach to caring for children. Based on its healing manual, *Trauma Healing and Transformation*, the last section explores the program's healing protocols and their benefits to participants.³⁰²

Capacitar: Definition, Literature and International Scope

Capacitar, Dr. Patricia Cane explains, is a Spanish verb meaning to empower people, to encourage and to bring each other to life.³⁰³ As a program for healing and well-being, however, Capacitar is a combination of trauma-relieving exercises drawn from various cultures around the globe. It is a program intended to empower individuals and communities towards healing by creating an awareness of the potential they possess within themselves and helping them to access those resources. To those who have no access to psychotherapy, or find it unsuitable to their needs or unfamiliar in their cultures, this approach to caring for oneself and one's communities serves as an alternative. Beyond helping the individual, the Capacitar model facilitates a spirit of

³⁰¹ Patricia Mathes Cane and Mary Duennes, *Capacitar for Kids: Multicultural Wellness Program for Children, Schools and Families* (Santa Cruz, CA: Capacitar International, 2005).

³⁰² Cane,

³⁰³ *Ibid.*, 9.

serves as an alternative. Beyond helping the individual, the Capacitar model facilitates a spirit of solidarity within communities by helping people to improve their lives. To this end, traumatized people and communities creatively establish better ways to face their challenges and conditions. Capacitar claims that such a spirit empowers individuals to heal themselves and, in the process, heal the world.³⁰⁴ Today, the Capacitar program is used in over twenty-five countries. Thus far, Capacitar has been introduced in certain parts of West Africa, including Nigeria and Sierra Leone. The program has established its international headquarters in Santa Cruz, California.

In my research to locate a therapeutic program with elements culturally syntonetic with the context of this study, I find that Capacitar healing practices relate closely to African values of healing. Though most Capacitar practices do not come from Africa, a large majority of them originate out of philosophies that relate closely to African cultures and worldviews. Because of such close similarities to the Nigerian culture, the adoption of Capacitar exercises is much easier than other non-African therapeutic models. Having now understood what is meant by this program, we shall now discuss its history.

History of Capacitar

The Capacitar healing approach first occurred to Dr. Patricia Cane in 1988 at a workshop in the Central American country of Nicaragua. The country was facing a devastating period in its history. Besides poverty and natural disasters, the country was going through a civil war. People there—Cane refers to them as “my Nicaragua friends”³⁰⁵—invited her to teach them practices that would help them address these traumatic conditions. Cane started by introducing them to Tai Chi and other ancient exercises that have been shown to help in relieving traumatic

³⁰⁴ Cane and Duannes, 112.

³⁰⁵ Cane, 9.

stress. They were extremely receptive to these exercises. Eventually, Cane realized the importance of taking these practices to other parts of the world where the population is caught in severe trauma-producing events but have few or no mental health services. Everywhere she took the program, it was well received. With such a popular embrace of the practices, she decided to configure it into a structured program, and call it Capacitar.³⁰⁶

Soon after its inception, the first measure of the effectiveness of this program came about in another South American country, Honduras. In 1998, Hurricane Mitch hit the country, destroying virtually everything in its way. Entire communities were wiped out. Hundreds of people were killed by this disaster, and many more were rendered homeless by the force of the hurricane, which one of the witnesses described as “the end of the world.”³⁰⁷ As reality started to settle in for many, it was difficult to handle the situation. Some of the community leaders, having been involved with Capacitar, decided to introduce Capacitar exercises to these devastated people. For the many who participated, the program became a very important means of coping with and healing from their traumatic experience.³⁰⁸

One of the lessons learned from this experience was that in trauma-causing situations there is typically an enormous lack of resources for treatment, including Western models of psychotherapy which, even if available, may not be a culturally acceptable approach. In most cases, the grassroots people for whom the one-on-one therapy would be intended have already been exploited by the same institutions that would introduce it to them, such as religious institutions and government. Therefore, in many instances, they would not trust such a model of therapy. For most of these ordinary people, ancient healing practices, rituals, and cultural

³⁰⁶ Ibid.

³⁰⁷ Ibid., 10.

³⁰⁸ Ibid.

traditions that are very familiar to them would be less threatening, and more acceptable.

Testimonies from leaders who helped coordinate the activities during the disaster in Honduras reveal that some of them were delighted to discover more about themselves and of what they were capable.³⁰⁹ Something these communities could not conceive, of before this catastrophe, became clear: they are imbued with personal, interpersonal, and ritual strength on which they can rely in a crisis. Scenarios leading to the establishment of Capacitar in these South American countries are reminiscent of Africa. Poverty, natural disaster, and devastation of war are common occurrences in Africa. Even when available, Western one-on-one psychodynamic therapeutic models could at times be resisted in the African community-based society. Therapies closer to their own culture and ways of life are more amiable.

Dr. Cane states that some of the objectives of establishing Capacitar programs of healing were to address the needs of the persons in the following professions or situations:

- Persons who suffer some level of traumatic stress due to domestic violence, political violence, and natural disaster
- Psychologists, social workers, teachers, healers, leaders of centers for abused women and children
- Community leaders in need of resource material focused on communal healing and transformation
- Solidarity workers and communities in need of strength and support in the work of social change
- Professionals who are affected by secondary trauma through their work with transitional people
- Individuals in the U.S. and in other parts of the world who desire to learn methods to heal and transform the stress and “trauma” of daily life in a violent world.³¹⁰

Capacitar Program Efficacy

Capacitar programs are based on research conducted by founder Patricia Cane. Capacitar evolved after research involving pilot workshops she performed in different communities in

³⁰⁹ Ibid., 11.

³¹⁰ Ibid., 12.

Central America in 1999. Participants in these workshops expressed satisfaction in their experience in these healing exercises.³¹¹ Currently, Capacitar International headquarters, along with local branches in various countries around the world, organize training workshops in different locations. At the end of these meetings, participants are requested to give an assessment of their experience in the training program. Virtually all respondents have expressed deep appreciation and great satisfaction with Capacitar healing exercises.³¹²

More specifically, thirty six people participated in a training workshop held in Minna, Niger State, Nigeria February 21 – 23, 2008. After the training, 34 of the 36 participants gave overwhelmingly positive evaluations of the program.³¹³ In the testimonies they shared, some talked of having learned how to better control their anger and relieve stress. Others shared how they will be able to work with their “stress and trauma using Capacitar skills.”³¹⁴ Still others were appreciative of how the exercises have helped them realize how trauma could be healed without the use of medications. A number of them testified to being “healed” of physical ailments, such as headaches, pain in the leg and chest pains. The participants suggested that the workshop be offered more frequently and also that it should be expanded to a larger number of people.³¹⁵

³¹¹ Ibid.

³¹² Capacitar International, trauma and healing program, Nigeria, Minna, Niger State Feb. 21-23, 2008 and Freetown Sierra Leone, August 18-19, 2008.

³¹³ “‘The various exercises helped me be in touch with my body and also relaxed.’ ‘It was more of practice than theory and brought relief from stress.’ I found most of the exercises very helpful especially the Tai Chi, the Holds, the Salute to Sun. I feel these exercises will help me gain strength for the day.’”

³¹⁴ Capacitar International program, February, 21-23 2008.

³¹⁵ Capacitar International program, February 22-23, 2008.

The Capacitar program in Ireland won a national award granted by that country's National Council for Vocational Awards in March 2005. It gained this recognition for its outstanding performance in what Capacitar Ireland referred to as a "vocational program" for children. Among many activities that the Irish Capacitar program introduced to win this award were activities developed for children-adolescents. Children involved in the program were expected to complete successfully the training activities referred to as the "Core Skills." The core skills included such topics as taking initiative, solving problems and taking responsibility for one's own learning and progress. They also taught such themes as listening effectively, communicating orally and in writing, working effectively in group situations and applying theoretical knowledge in practical contexts, to mention a few.

Capacitar for Kids

"Capacitar for Kids" is a trauma-healing program with recommended protocols designed to meet the needs of children.³¹⁶ It is a multicultural wellness education program that focuses on children, applicable in both school and home settings. The goal of this program is to bring health and well-being to children, their families, schools, and communities. It helps children to grow as healthy and whole persons by overcoming the stress and violence they have experienced, through the use of simple wellness practices. The practices can also be offered to parents and community groups as a way to deal with stress-related problems and to promote healthy values and relationships. In summary, Capacitar for children is designed to: 1) support the learning process in the classroom; 2) promote positive healthy attitudes in the person, family and community; 3)

³¹⁶ Cane and Duannes, 9.

heal physical and emotional symptoms related to traumatic stress, and 4) transform patterns of violence in the individual, community and society.³¹⁷

Capacitar for Kids program is organized in six sections under the following themes:

Section1: Wellness Practices to Improve Learning and Mental Focus

Section 2: Wellness Practices to Promote Energy

Section 3: Wellness Practices to Heal the Body

Section 4 Wellness Practices to Promote Emotional Balance

Section 5: Wellness Practices to Nurture the Spirit

Section 6: Wellness Practices to Heal Traumatic Stress³¹⁸

These exercises, Capacitar asserts, help the children to be alive to their abilities, in body, mind and spirit. They also promote the flow and balance of energy, alleviating traumatic pain. In the process, they learn to make use of their emotions as a recourse for wise choices, rather than becoming victims of their feelings. The exercises have also been designed to teach children to be more aware of their spirituality. Other forms of exercises used to accomplish the healing of trauma in children include Tai Chi, Salute to the Sun and Pal Dan Gum³¹⁹ and many more therapeutic protocols that we will soon discuss. The next section will explore the various Capacitar exercises and the benefits they offer to the client. Additional information on any of the exercises presented under this topic can be found in the main manual *Trauma Healing and Transformation*.

³¹⁷ Capacitar International, "Capacitar for Children,"
<http://capacitar.org/work/children.html> (accessed: November 20, 2008).

³¹⁸ Cane and Duannes, 5.

³¹⁹ Ibid., 71.

Capacitar Healing Exercises

The Capacitar healing and transformation program is subdivided into five main sections, as described in the manual *Trauma Healing and Transformation*. The first section discusses theory on trauma;³²⁰ it is an adaptation of Capacitar from mainline psychotherapy. Trauma theory presents the various studies conducted through the years that have helped articulate the causes, symptoms and treatment of trauma.³²¹ At the end of our discussion of the first three topics, we shall briefly explore how each of these practices or theories will relate to Plateau State, Nigeria, the context of this study.

Practices for Healing and Transformation of Body, Mind, and Spirit – Exercises for Releasing Traumatic Stress

Capacitar holds that PTSD symptoms such as headache, body pain, stomach disorders, insomnia, anxiety, recurrent memories etc., are related to the blockage of energy, which result from unreleased traumatic tension that remains “frozen” in the body, mind, and spirit of the victim. In order to relieve the body from these traumatic reactions, Capacitar adopted wellness exercises designed to release this blocked energy. These practices employed by Capacitar are taken from various cultures around the world. A vast majority are from ancient Asian cultures of China, Korea, India and Indonesia.³²²

The protocols I will be present here are: Breathwork, Visualization, Protection and Boundaries, Balancing Emotions with Finger Holds, acupressure and thought field-therapy. The

³²⁰ Cane, 9-20.

³²¹ “Trauma Theory Abbreviated,”

<http://www.sanctuaryweb.com/Documents/Trauma%20theory%20abbreviated.pdf> (accessed October 26, 2009).

³²² Cane, 18, 42 and 144.

others are Tai Chi meditation, Pal Dan Gum, Salute of the Sun, and The River of Life. We shall briefly discuss each of these activities to give us a better understanding of this method of trauma healing practices.

Breathwork

This practice incorporated by Capacitar has been in use by many ancient cultures for thousands of years. Life is breath. Through the breathing exercise, we gain fresh energy as we inhale fresh air into the body system. Normal breathing of between thirteen and fifteen breaths per minute should keep a person healthy. When under stress, breathing is immediately affected. It becomes rapid and shallow, not allowing adequate oxygenation to take place. Such a situation denies the body the fresh energy-producing air that would have been supplied under normal conditions.³²³ It is important that under such conditions a person endeavor to return to normal breathing. In fact as we shall discover, the breathing exercise is regulated for better positive outcomes according to psychologist Gay Hendricks, Ph.D., who coined the term Breathwork to describe such exercises.³²⁴ According to Hendricks, breath is first held when trauma occurs, as breathing becomes short and shallow.³²⁵ One way to help release trauma from the body and mind is to allow breathing to flow properly. Breathwork or deep and proper breathing in a time of stress is an effective way to overcome the stress. A few long breaths at some of these difficult and stressful moments can make a noticeable difference.

We shall now look at the various breathing exercise that are practiced in Capacitar. It is recommended that participants let go of thoughts and worries of the day. As much as possible,

³²³ Ibid., 26.

³²⁴ Cane, 26, citing Gay Hendricks, *Conscious Breathwork for Health, Stress Release and Personal Mastery* (New York: Bantam, 1995).

³²⁵ Cane, 26.

the person should be fully mindful of the moment. Also, the person should be conscious of the breathing exercise to be performed. Therefore it is important to find a comfortable place to sit, ensuring that the feet touch the ground. By so doing, one establishes a sense of stability and connection with oneself as well as with the environment. With eyes closed, observe the quality of air flowing into your body as you deeply breathe in. After breathing in, breathe out, slowly and observantly.

Abdominal Breathing: This is an exercise that enables the person to get the maximum amount of fresh air possible. The person will breathe air into the abdomen. As much as possible one fills the abdomen with enough air to the ballooning stage. Make sure that the ribs feel the impact of the fill. The air is held for a few seconds before it is slowly exhaled through the mouth. After pausing a few moments the exercise is repeated.

Hara Breathing: This form of breathing is meant to further enhance the abdominal breathing just discussed above. This exercise from the Taoist tradition claims the Hara to be the key radiant of health. The participant is to focus intensely on the image of the Hara, considered the point or center of vital life force energy. It is a point located about two inches below the navel. Hara is considered to be the place where energy is stored, absorbed, accumulated, and concentrated. In practicing this breathing exercise, it is recommended that the person place his or her left hand on the Hara and the right hand on top of it before starting the exercise. An emphasis of Capacitar is that Hara breathing, when done frequently, increases strength, stamina and life force energy.³²⁶

Diaphragmatic Breathing: This breathing exercise, popularly practiced in Yoga, is meant to create mental clarity. Shallow chest breathing is believed to signify anxiety; abdominal

³²⁶ Ibid., 28.

breathing, on the other hand, produces relaxation. Diaphragmic breathing, which involves deep in-breath in the diaphragm, leads to mental clarity and attentiveness.³²⁷

Alternate Nostril Breathing: This exercise originally from India is meant to balance and harmonize strong emotions. It is believed to circulate and balance energy. Breathing through alternate nostrils is believed to bring balance to the left and right sides of the brain. To perform this exercise, the person puts a finger over one of the nostrils, then breathes in through the opposite nostril. After a count of four or eight, he/she places the finger over the nostril that just inhaled so as to exhale from the opposite nostril. This means that, for example, if the person inhales from the left nostril, then, after a short count, they exhale through the right nostril. Such an exercise is thought to release anger and strong emotions, bringing clarity and calm to the body, mind, and spirit of the person.

Visualization, Imagery, and Breath: This is a breathing exercise that visualizes and focuses on different parts of the body. In the process one tries to alleviate pain, anxiety, and discomfort. The person is encouraged, while in the process of doing the exercise, to imagine peaceful and positive activities occurring during the exercise. In the process, the person visualizes positive energy from the earth coming into the body and replacing negative tensions and pain that might be affecting certain parts of the body.³²⁸ Visualization will be discussed more fully in the next section.

Breathing in Nature: This exercise is meant to help the person claim the healing powers and energy that are present in nature; i.e., trees, plants, and the ground. Traumatic stress often distorts our balance on the ground, which is an essential element of stability. This exercise is

³²⁷ Ibid.

³²⁸ Ibid., 29.

best done outdoors in a garden or other place with natural vegetation. Capacitar teaches that this imagery with nature fills the entire body with life force energy.³²⁹

Breathing through Pores: This exercise is meant to release any pain caused by physical or emotional wounds. The exercise is based on abdominal breathing and visualization exercises discussed above. But this time the person breathes in at the count of seven, while at the same time imagining (visualizing) a cleansing light coming into the body through the pores. While in the process of abdominal breathing, the person goes through his or her mind, making sure that all areas of pain, tension, and difficult memories are being washed by this cleansing light. After holding the breath for another count of seven, the person breathes out the unwanted feelings through the pores.³³⁰

Trauma Release – Work with another Person: This exercise helps in the release of traumatic stress with the help of someone who holds the client's head. The person receiving the session lies down in a comfortable and relaxed mode. The person offering the care invites the person receiving the care to breathe deeply into the abdomen and to observe whatever may come up for them as physical or emotional pain. The person receiving care may verbalize the feelings or images they are experiencing.

Visualization

Visualization or guided imagery is a process that actively involves the person, empowering them in their own healing process. It involves working with the mental field, the memory, and imagination; visualization can create an inner feeling of safety and security. The person is guided in the powerful practice that focuses the mind on healing images to bring about

³²⁹ Ibid., 30.

³³⁰ Ibid.

physiological changes in the body-mind-spirit. As the mind consciously visualizes positive images and keeps an in-depth thought on them, a connection is developed with the body, creating many positive outcomes such as the alleviation of tension in the body.³³¹ In this case, traumatic stress symptoms and change in behavior patterns can occur. Recently introduced to the Western culture from other ancient cultures, today visualization has been accepted in many modern health care institutions, including hospitals. Dr. Cane observes that oncologists like Carl

Simonton, include meditation and visualization in treatment practices to help encourage the immune system and remove cancerous cells from the body.³³²

Before explaining the practice of visualization, Capacitar suggests that one first locate or imagine a safe, sacred space. For some it could be a worship sanctuary, a shrine, a garden, the beach, a view of the rising or setting of the sun, etc. What is important is that the location be a place that will be conducive to complete relaxation of the body. Second, part of visualization is an interior journey to the safe and sacred refuge of the soul. One may need an experienced and wise guide to help with the process. Ensure that the process always ends with a complete return to the body in the now.

Safe and Sacred Space: Body Scan and Relaxation. Be relaxed in a comfortable position. It is best to lie down on the ground. Close your eyes and breathe deeply. Disconnect from concerns of the day; just be present in the moment. Feel connected with the earth as you imagine the earth's energy flowing through the entire body. Take a journey through the body, along the way identifying any areas of stress or pain; when found, flex those areas, muscles, toes, knees, ankles etc. Release the tension in them and feel deep tranquility in the whole body. Throughout

³³¹ Ibid., 29.

³³² Cane, 32, citing Carl Simonton, *Getting Well Again* (Los Angeles: Teacher, 1978)

the process you are breathing deeply, allowing internal free flow of air into your system. Repeat the process in order to address all body parts.³³³

Journey to the Safe and Sacred Space: The person takes an imaginative journey to their inner refuge, a safe space where only they can enter. As the person discovers their inner refuge, they explore it. If it is a garden, the participant should fill it with all the flowers that they like best. If it's a chapel, they adorn it with the most beautiful spiritual icons. Whatever it may be, they should have the artistic creativity to beautify it as best suits them.³³⁴

Return to the Present Moment: Returning to the “now” is a process that should not be done in a rush. This gives integrity to the process and helps the participant not to lose some vital aspects of the journey.³³⁵ The participant begins to return to the body by breathing deeply as they feel the energy of the feet and the toes. They flex them to feel their connection with the body. The process should be continued until all parts of the body are addressed.

The Wise Guide: This practice involves the participant taking the time to listen to what their soul needs. They start by identifying a person important in their life, a guide or mentor who has wisdom to share with them. They are to ask him or her questions to which they need answers. The participant should ask the person to share their wisdom with them (participant/client). Once the participant gets what they feel they need from this individual, they should thank them and bid them goodbye. The client is reminded that their guide will always be within them. They could also establish this as a sacred space.

Return to your Safe Space: In the chaos of everyday events it is easy to be caught up with too much activity, to the extent that we lose our bearing. Such is not a healthy habit, but it is a

³³³ Cane, 33.

³³⁴ Ibid., 34.

³³⁵ Ibid., 35.

situation in which we will find ourselves from time to time. This exercise reminds us to take a mini-vacation from the busy activities of the day. The image or symbol of the sacred space discussed above could serve as a reminder to us for this exercise. After finding a comfortable place, the participant sits and breathes deeply with the intention of going to their sacred space. They imagine all the beauty that they have placed in the space. Then, after a few moments, they gently return to the now.³³⁶

Protection and Boundaries

Life is an interactional activity. While interactions with some people give us positive energy and we feel filled up in their presence, some interactions convey the opposite feeling. This section describes practices that will enable us to understand interactions with negative energy. The practice goes further, to help us with ways to protect ourselves energetically from being drained; they also teach how to create healthy boundaries.³³⁷

Experiencing your Energy Field: In this exercise the participant imagines a connection between them and the earth. Breathing deeply, inhaling, connects with the center, which is the earth. Exhaling, on the other hand, removes any tensions that one may be carrying. The participant imagines a light emanating from the navel, surrounding the whole body in an egg-shape. This is the power that vibrates from the individual, thus protecting him or her.

In this section Capacitar asserts that people could feel a debilitating loss of energy after an encounter with a group or individual they do not feel congruent with. The *Image for Protection* exercise teaches persons how to retain energy after such encounters by imagining being surrounded and protected by an egg-shaped glass which cannot be penetrated by a negative

³³⁶ Ibid.

³³⁷ Ibid., 39.

force.³³⁸ Another practice taught is *Energetic Boundaries*, which is necessary, especially in community-oriented cultures such as in Nigeria. People lose their energetic boundaries when the society requires that they do not individuate, because asserting oneself is thought of as egoism. Also, abuse of any kind can lead a person to lose their energetic boundaries. The exercise to help a person reassert themselves in such situations is for the individual to establish the egg-shape protective field discussed above. In the course of the day, the person should assert their authority over that space strongly and respectfully. And if they notice that their energy fields are not holding firm, they need at that time to engage in a deep abdominal breathing exercise to bring them back to center,³³⁹ as described in the *Boundaries and the Cutting of Energetic Ties* exercise. As social creatures, we are nurtured in social settings such as in families and close and larger communities. Cane believes that at times people become so enmeshed in these relationships that they find it hard to healthfully individuate.³⁴⁰ Through visualization breathing practices, one is helped to recognize that the past is gone and over with. Imagining a new beginning, the exercise also includes visualization of cutting ties with the past. Cane recommends that when a person still feels negatively connected with someone from their past, using the abdominal breathing exercise discussed above can help. She or he could visualize themselves cutting off the cords that bind. Finally, there is the exercise called *Holding Your Energy Field*. In this practice, with hands on the lap, finger tips joined facing each other and ankles crossed, the person breathes deeply. Energy is gathered and renewed in the body-mind-spirit.³⁴¹

Balancing Emotions with Finger Holds

³³⁸ Ibid., 40.

³³⁹ Ibid.

³⁴⁰ Ibid., 41.

³⁴¹ Ibid., 40-41.

Strong emotions are an aspect of traumatic stress. During the fight-flight reaction in the face of danger there is normally a rush of emotions and feelings pulsing through the body, such as fear, anger, rage, anxiety etc. Just like other animals, we have the tendency to act or react in dangerous situations. In his book, *Emotional Intelligence*, Daniel Goleman states that negative impulsive reactions such as rage, fear, and cravings have been determined to come from the part of the brain called the limbic system.³⁴² The development of another part of the brain called the neocortex, according to Cane, gives us the capacity to override impulses and make more rational decisions about the way we act or react to negative situations. The down-side to this, she contends, is that this higher power that helps us stop negative tendencies also causes us to repress or deny certain feelings, in which case the energy gets locked in the body-mind-spirit. This can then manifest later in such feelings as migraine, stomach disorder, stiff shoulder muscles, or aggressive behavior. The repression of such negative energy may also be noticed in such ailments as arthritis. The best way to release such negative energy is to first acknowledge it and then take the necessary action to eliminate it.

An Indonesian exercise has proven to be helpful in the release and balancing of energy and strong emotions.³⁴³ Called the Finger Holds, this practice consists of wrapping a finger at a time with the opposite hand. While the finger is wrapped by the other hand, the person is to concentrate their thoughts intently on what that finger represents. Panic is an expected reaction to fear. Finger Holds teaches that, for example, when a fearful event occurs, we should calmly hold the index finger, at the same time resisting panic reaction. The finger holds are not meant to change the situation; they are to help us to be centered when the circumstance the finger

³⁴² Cane, 42, citing Daniel Goleman, *Emotional Intelligence* (New York: Bantam Books, 1995)

³⁴³ Cane, 42.

represents should occur, such as the ones outlined below. Such an exercise gives definitive understanding of what we are encountering, and helps us to be in control rather than being disorganized.

Finger Hold exercises are believed to bring balance to emotional energy, giving the person a way to channel that energy for better purposes.³⁴⁴ Below are the fingers and emotional energy they represent.

- The thumb: stands for emotional pain, such as tears and grief
- The index finger: is for the feeling of fear
- Middle finger: represents the feeling of anger and rage
- Ring finger: stands for anxious feelings and nervousness
- The small finger: represents self-esteem, when feeling like the victim of circumstances.³⁴⁵

Acupressure

Acupressure is a Chinese practice of medicine that dates back four thousand years. It is an art that uses finger pressure on specific points to unblock tensions, bring balance to the whole person, and increase circulation of life force energy in the body. It is fair to say that this practice is not entirely peculiar to ancient China, as many old cultures had the tradition of rubbing or pressing areas of the body to relieve pain or emotional discomfort. In recent years, a variety of acupressure systems based on the Chinese meridian theory have been developed. Recent research has shown that acupressure can be an effective way of treating symptoms of stress.

³⁴⁴ Ibid., 43.

³⁴⁵ Ibid. In addition to this practice native to Indonesia, Capacitar teaches the Jin Shin Jyutsu Finger Holds native to Japan. Due to space constraints, we shall not discuss this Finger Hold practice.

Certain acupressure forms are effective in relieving such symptoms as nervousness, anxiety, insomnia, sleep disorder, chronic pain, headaches, back pain, depression, fatigue, memory loss and dizziness. It is also a practice for maintaining balance and energy flow in general. Energy flow through the meridian points is vital to the nourishment of balance in the whole human body. Using acupressure exercises appropriate to each of these conditions, Capacitar claims to have brought relief at no cost to many grassroots people who could not have endured the discomfort of these symptoms hampering them from living more productive lives.³⁴⁶

Self-Acupressure: is said to be a practice that gives the person the opportunity to address their own issues, even doing the exercise by themselves. First the person should be in a comfortable position, preferably the sitting position. Press the acupressure points for two to three minutes. The body is endowed with several acupressure points; locating these points is best accomplished by consulting diagrams or images showing these areas.³⁴⁷ With time and practice one will know when to stop; this comes when the quality of pulsation changes. Understanding the exercise well comes with consistent practice. The Capacitar manual provides diagrams describing various pressure-points and how to engage them in acupressure exercises.

Thought-Field Therapy

Thought-Field Therapy is a practice proven to help people who have experienced trauma. Cane cites Callahan's training program, *Thought Field Therapy and Trauma: Treatment and Theory*, in which he asserts that problems and negative emotions are not fundamentally in the brain or in our nervous system; rather they are in what he calls the "thought field."³⁴⁸ Thought

³⁴⁶ Cane, 46.

³⁴⁷ Ibid., 47-52.

³⁴⁸ Cane, 56, citing Roger Callahan *Thought-Field Therapy and Trauma: Treatment and Theory* (Indian Wells, CA: Thought-Field Therapy Training Center, 1996).

fields, he claims, are complex forces that influence our behavior and response to negative events we experience. For instance, the recollection of a bad experience that happened in the more recent past could awaken negative feelings in the present moment. One of the characteristics of traumatic stress, as we saw in chapter two, is that victims are often caught up in the past negative event. This form of therapy uses acupressure points and eye movement to help relieve that negative feeling. The protocol may not change the reality of what happened, but it helps give the person a healthy alternative perspective on that reality.

Tai Chi Meditation

Tai Chi is a set of meditative body movement practices that date back over 6,000 years in Chinese culture. This art has become very popular with Capacitar. Dr. Cane describes its popularity and acceptance in these words: “Of all the practices that I teach in different countries, the one that people always ask for is Tai Chi.”³⁴⁹ Tai Chi is used as a healing tool to bring balance and harmony back to the body-mind-spirit, particularly relevant for victims of trauma. Tai Chi movements are a connection of movements and imaging along with verbalization that provide energy and a flow of healing. The Tai Chi practices reunite the person with the universe, the source of life and energy of heaven and earth.³⁵⁰ When a person consistently practices Tai Chi movements, they engage more of the practices’ (and their body’s) potential.

U.S. martial artist Lawrence Galante studied and practiced the art of Tai Chi under the mentorship of traditional Far Eastern trainers. Tai Chi, according to Galante, aims to restore a balance of *yin and yang* (opposites; positive and negative forces) to the person through conscious and carefully designated movements. He goes on to describe the practice as:

³⁴⁹ Cane, 62.

³⁵⁰ Ibid., 62.

An exercise consisting of slow, relaxed movements for total self-development: for the body it is an exercise, for the mind it is a study in concentration, will power and visualization; and for the soul it is a system of spiritual meditation. Tai Chi is also a preventative and curative branch of ... medicine.³⁵¹

In Tai Chi, according to Galante, one aims to align and influence the mind and the body so that they are inseparable. It offers specific instructions to the practitioner maintaining the correct posture, executing certain maneuvers, and for concentration. One of the major objectives of Tai Chi, he says, is to align the mental and physical aspects of the person through such activities as relaxation, emptiness and fullness, evenness and slowness. Other activities are balance, rooting and sinking, coordination and centering, breathing and concentration.

Pal Dan Gum

This practice is an ancient Chinese and Korean exercise which works to release tension and create balance and energy to the meridians of the body. The practice of Pal Dan Gum exercises is believed to promote a vibrant body full of health and strength. Also, spiritual awareness is created with these practices through the purification and recharging energy-generating points in the body.³⁵² The exercise is recommended to be performed at the beginning of the day. It is particularly helpful when a person begins to feel tense and stressed, especially when it is in response to a traumatic event. The exercises are also good at opening up blockages, allowing free flow of oxygen, giving and creating extra energy and giving a healthy feeling.³⁵³ Pal Dan Gum has seven forms of exercises, : *Upholding the Heavens*, *Opening the Bow*, *Touching Heaven and Earth*, and *Looking Behind You*. The others are *Swing the Trunk and the Head*, *Stretching Backwards* and *Stretching the Legs – Standing on the Toes*. All exercises are

³⁵¹ Lawrence Galante, *Tai Chi: The Supreme Ultimate* (York Beach, ME: Samuel Weiser, 1981), 13.

³⁵² Cane, 74.

³⁵³ Ibid.

performed in standing position. (please see *Trauma Healing and Transformation* for details). At the end of all seven exercises is an activity called the *Lion's Roar*. The person pulls their arms outward stretching them all around, with fingers like the claws of a lion. She or he then bends forward making a loud noise like a ferocious lion. This last act brings the whole set of exercises to a relaxing conclusion.³⁵⁴

Pal Dan Gum and Tai Chi are quite similar. I hope that the following statements by Cane will help identify the distinction between the two. Dr. Cane says of Tai Chi that it is a meditative exercise that “reunites the person with the source of life, with the universal life force energy of earth and heaven.”³⁵⁵ She describes Pal Dan Gum as seeking to “balance and energize the meridians of the body,”³⁵⁶ by helping improve circulation of blood and fluids.

Salute to the Sun

Done in a standing position, this exercise is an effort to get sacred healing from solar power. Modified from the Yoga Salute to the Sun, it is a practice developed by a Capacitar staff member who has added visualization to maximize its effectiveness. The movement could be practiced anywhere but it is most inspiring when performed outdoors. Solar festivals recognizing the importance of the Sun as the energetic center of our life have been a common practice in many ancient cultures, including the Mayans and Druids. In most cultures this practice has a particular place of honor representing the sun's (energy's) importance for life.³⁵⁷ And notably, the Berom people of Plateau State, Nigeria traditionally worshipped the “Sun God.” This is an indication that a Capacitar exercise with this origin may be quite amiable for

³⁵⁴ Ibid., 79.

³⁵⁵ Ibid., 62.

³⁵⁶ Ibid., 74.

³⁵⁷ Ibid., 80.

people from the Berom culture. Following are the Salute to the Sun movements: *Connection with the Energy, Greeting and Welcoming the Sun and Basking in the Sun*. The rest are *Ripening, Maturing, and Harvesting, Resurrection* and finally *Rebirth*. Each of these exercises is immediately followed by a brief meditation session (please see Trauma Healing and Transformation for details).

The River of Life

This practice is one that comes after most of the energy practices above have been adequately performed. The exercise calls on the individual to reflect on the activities that have occurred as he or she starts to observe the healing process. The process consists of several parts. First, the individual visits different periods in their lives, from early childhood to adolescence. They even try to look into the future. They acknowledge moments of crisis and transformation. The second part of this exercise is the observation of symbols representing such moments of crisis, healing, and transformation. The participants identify what wisdom they have gained in the process. The third part is more affirmative; the participant finds someone with whom to share their experience using the process of active listening. This last stage only comes about if it feels appropriate for the participant.³⁵⁸ Capacitar's introduction of this stage encourages participants to be proactive as they search for the fruits of their journey. They are able to recognize places in their lives at which they gained wisdom, rather than hurt and despair, out of pain.³⁵⁹

³⁵⁸ Ibid., 86.

³⁵⁹ Ibid., 87-88.

Treating the Mind, Body and Spirit in the African Culture.

We just discussed ten Capacitar healing and transformation practices that center on the body, mind and spirit. Though these trauma-releasing exercises may not have replicas in African approaches to healing, they do relate closely to certain African practices. Traditional healing in African societies is identical to the practices that prevailed in many ancient cultures. In the African culture, healing usually addresses the body, mind and spirit;³⁶⁰ and it is upon this principle that Capacitar established its healing practices. To this end, these Capacitar exercises for releasing traumatic stress and *balancing energy* and practices for *nourishing and harmonizing core energy* are in one way or another practiced in African traditions.³⁶¹ African pastoral scholar Emmanuel Lartey reminds us of the heart of African traditional medicine as being “the restoration of harmonious relationships throughout the whole cosmos.”³⁶² Also, Capacitar embraces the group therapeutic approach, another indication of African traditional values.³⁶³ Finally, African approaches to healing are mostly activity-based,³⁶⁴ which is the methodology that, in large part, defines Capacitar model of healing.

³⁶⁰ John S. Mbiti, *African Religions and Philosophy*, 2nd rev. and enl. ed. (Oxford: Heinemann Educational Publishers, 1990), 68.

³⁶¹ Ibid., 165-66.

³⁶² Emanuel Y. Lartey, “Two Healing Communities in Africa,” in *The Church and Healing Echoes from Africa*, ed. Emanuel Lartey, Daisy Nwachuku, and Kasonga wa Kasonga (New York: Peter Lang, 1994), 41.

³⁶³ Edith Turner, William Blodgett, Singleton Kahona, and Fideli Benwa, *Experiencing Ritual: A New Interpretation of African Healing* (Philadelphia: University of Pennsylvania Press, 1992), 89.

³⁶⁴ David Kinsley, *Health, Healing and Religion* (Upper Saddle River, NJ.: Prentice Hall, 1996), 41.

The previous section addressed Capacitar healing and well being protocols that are mostly overt, being openly physical exercises. The next section discusses practices with physical manifestations but which are more covert-type activities, mostly performed in the quietness of the person's mind. These include such practices as meditation, channels of wisdom and chakras.

Practices for Nourishing and Harmonizing Core Energy – Exercises for Balancing Energy

This section addresses the different body-mind-spirit practices that strengthen the core energy of the person.³⁶⁵ In these exercises, Capacitar emphasizes the practices not as rituals to be performed at specific times, but as part of one's daily life routine and as practices that involve the whole person. The practice therefore encourages the balancing and harmony of the whole person in the community. Times of trauma bring with them broken personal or communal systems; Capacitar views balancing harmony as an opportunity to restore a lifestyle that would foster well-being.³⁶⁶ Capacitar holds that within the person is deep intuitive wisdom that can become a guiding force for how people can live their lives, no matter what the circumstance may be. Here are some of the body-mind-spirit practices that foster and strengthen the core energy of the person and the renewal of the heart.³⁶⁷

Meditation and Practices of Mindfulness

Capacitar uses the practice of meditation as one of its main forms of treating traumatic stress. Meditation has been practiced in many ancient traditions and has been passed on to current generations as a form of spiritual exercise and mental alertness. Meditation has also been known to help in facilitating the healing process. It has long been known to contribute to the

³⁶⁵ Cane, 92.

³⁶⁶ Ibid.

³⁶⁷ Ibid.

physical, emotional, and spiritual health, such as blood pressure, the relief of pain and stress, and calming emotions.³⁶⁸ Mindfulness is a deliberate awareness brought to each moment and activity of life. Staying in the present moment is important to accomplishing the state of mindfulness. It is, therefore, important that the participant be grounded in the present moment so that the mind remains in the here and now. The goal of establishing this position is to help the mind to rest in and be fully focused on the moment. Mindfulness is, in fact, a meditative art that requires much discipline. However, all daily events in which we engage could be done in a mindful manner. When experienced from that perspective, events convey a much deeper meaning.³⁶⁹ Capacitar offers mindfulness exercises in meditation, walking, eating, and living. All these are practices that alleviate traumatic stress and can be incorporated into one's daily routine.

Intuition and Channels of Wisdom

Since the advent of science in Western medicine, emphasis was placed on the rational and scientific evidence as the best model to validate information. India, among other Asian cultures, has continued to maintain the importance of intuition as another source for the validation of information. It is on this premise that Capacitar introduces the importance of awakening intuition in the individual through such exercises as journaling and poetry. The dictionary defines intuition as: "the quality or ability of having direct perception or quick insight."³⁷⁰ Dr. Cane quotes Gary Zukav in *The Seat of the Soul*, where he defines intuition as:

³⁶⁸ Larry Trivieri, *The American Holistic Medical Association Guide to Holistic Health: Healing Therapies for Optimal Wellness* (New York: John Wiley, 2001), 116.

³⁶⁹ Ibid., 99.

³⁷⁰ intuition. Dictionary.com. *Dictionary.com Unabridged*. Random House, <http://dictionary.reference.com/browse/intuition> (accessed: January 06, 2010).

“perception beyond the physical senses that is meant to assist you.”³⁷¹ Cane adds that “intuition serves our creativity and inspiration, as promptings from the soul.” Capacitar holds that such exercises as intuitive journaling and the intuitive profile are ways of expressing one’s intuitive self. When people develop this intuitive capacity, they also learn better how to listen to the information they continuously receive. As they use intuition to help determine the validity and invalidity of information, they are better guided in their decision-making.

Chakras: Centers of Energy

In the Indian culture, chakras are believed to be centers of the body that receive, assimilate, and transmit vital energy.³⁷² These chakra centers coordinate communications between the body, mind, and spirit of the person. The chakras can help in recovery from traumatic stress because in using the map of the chakras one is given direction for one’s recovery process.³⁷³ This traditional Indian belief states that there are seven major chakras that exist in a person. They are:

- First Chakra, Center of security and stability – located at the base of the spine beneath the pubic bone
- Second Chakra, Center of sexuality and emotional desire – located an inch below the navel
- Third Chakra, Center of power – located at the base of the sternum.
- Fourth Chakra, Center of compassionate love – located at the heart
- Fifth Chakra, Center of communication – located at the base of the neck

³⁷¹ Cane, 104, citing Gary Zukav, *The Seat of the Soul* (New York: Simon and Schuster, 1990).

³⁷² Ibid., 114.

³⁷³ Ibid., 132.

- Sixth Chakra, Center of intuition – located at between the eyes and behind the forehead.
- Seventh Chakra, Center of Spirituality – located the top of the head

Capacitar presents the chakra as an archetype that runs through many other belief systems; but also as an effective tool in the treatment of traumatic stress.³⁷⁴

For purposes of brevity the remaining major practices taught by Capacitar are mentioned together in the following paragraph. These are: Process Acupressure, Massage, Polarity Bodywork and The Elements. For further details, see the Capacitar manual on *Trauma Healing and Transformation*

Process Acupressure: Is based on the idea that the body, mind and soul are fundamentally linked, and that they are so intertwined that the state of one has an effect on the others. Using finger pressure to stimulate “acupoints” on the body, it opens and balances energy pathways that have been blocked. Through an awareness of “process,” process acupressure also empowers the person to be actively involved in their own healing and growth. *Massage:* As far back as 2,300 years ago, Egyptians were performing this art. It is believed to be even older among the peoples of China, India and Japan. Swedish massage, developed in the 19th century, created more advanced movements that were relaxing and healing. Such movements as kneading, stocking, friction, tapping and vibrating muscles for stimulation or relaxation were put together in this treatment art. The results have been impressive for many clients. Massage has been a wonderful way to promote the natural healing of the body, mind and spirit.³⁷⁵ Hand and foot massage has been observed to calm people suffering from traumatic memories and great anxiety. *Polarity*

³⁷⁴ Cane, 114.

³⁷⁵ Ibid., 134.

Bodywork: Polarity recognizes natural patterns of energy in the human body that form a blueprint or matrix, which the body uses when healing itself. “Polarity bodywork focuses on unblocking, balancing, and nourishing the energy currents of the body.”³⁷⁶ *The Elements*: This treatment form reminds us that as creatures in this universe we pulse the fields of energy that are found in the five elements of air, fire, ether, water and earth. Each of these elements connects with specific organs of our body, which is a direct way of bringing balance and healing to ourselves and our world.³⁷⁷

Balancing Core Energy in African Cultural Practices

Nourishing and harmonizing core energy are concepts and practices for which it is difficult to trace parallels in African cultures. Meditation, for instance, is a practice that is more common with the African Shaman/High Priest, but not common with regular ritual participants. For instance, among the Thonga people of Mozambique, the shaman is usually responsible for the duty of performing the art of meditation to identify the appropriate medicine that will heal the sick.³⁷⁸ On other occasions, shamans use meditation to help them trace the location of the ailment in the body of the sick. This implies that the meditative process also gives “intuitive insight” in tracing these healing drugs and point of sickness. The Shamans magicians in this African community, “believe themselves endowed with personal power due to the development of their faculties of second sight...,” which is what they claim helps them make these determinations.³⁷⁹ In my research on this theme, this is the closest parallel I came across

³⁷⁶ Ibid., 156.

³⁷⁷ Ibid, 170.

³⁷⁸ Turner, 172.

³⁷⁹ Ibid.

between the African culture and the Capacitar treatment therapy. While in Capacitar it is focused on the lay persons, the African practice lays emphasis on the leader.

In my research on the chakras, I did not identify similar practices in the African traditions, though a few of the chakras appear in African practices in some ways. For example, the second, third, fourth and seventh chakras could be found in African traditions. In her analogy of spirit, Caroline Myss equates the seven chakras with the seven Christian sacraments.³⁸⁰ With Christianity being a major African religion today, these Christian traditions could be applied as functional substitutes to the chakras.

So far we have examined the two sets of Capacitar treatment protocols that are mainly designed to benefit individuals affected by trauma. The next section will address treatment practices that are meant to treat communities in times of trauma.

Healing and Transforming the Community and Society: Exercises for Community Healing

In this section, we discuss practices in which the whole community is involved in the healing process. The instruments applied are ritual practices, which include such activities as walking the labyrinth, music and dance movements. These practices are taken from old traditions in ancient cultures, which may feel new and foreign in this individualistic modern age.³⁸¹ It is unfortunate that the independent life style has become the fashion today. It seems as if people are increasingly cherishing the individual independence so much so that the outside community is always viewed as interference, or bothersome. This is particularly true in my country, Nigeria, where not too long ago communal life was the norm. In my recent visits there, urban Nigerians testify to this increased longing for independence and individualism. I am not

³⁸⁰ Cane, 114.

³⁸¹ Ibid., 200.

suggesting that communal life is a perfect antidote to a lonesome lifestyle either, because in its excesses communal life can at times do more harm than good. Denying persons the ability to individuate and to express themselves is not what was intended for a healthy communal existence. And yet, extreme individuality is harmful, because the human being by nature is a social creature designed to live in association with other human beings. Keeping a balance between individual and communal living is preferable. Healthy living is about balancing opposites. As in the yin-yang³⁸² of the Eastern religions, individual lifestyle has to be balanced with communal living to enable the person to live a healthy life. Capacitar has put forward a number of rituals, most of them familiar in the African culture, to help in realizing this balance.

The mental or psychological and emotional health of the individual is very much dependent on the health of the community, as the healing process from any traumatic injury will be highly influenced by the health of the community. Judith Herman puts it this way: the community can protect the individual from traumatic harm, just as it can also help the individual heal from traumatic harm. In other words, healing from traumatic injury cannot be done in isolation, nor is it an individual's private process, "...personal healing directly impacts all of the persons and systems around us."³⁸³

We shall now look at communal or corporate healing practices. Such a process empowers people to recognize and affirm the abundance of resources and wisdom already present within their communities.

³⁸² Joanne Ehret, "Chinese Medicine," in *Holistic Health and Healing*, ed. Mary Anne Bright (Philadelphia: F. A. Davis, 2002), 267.

³⁸³ Herman, 214.

Community ritual

Rituals are as old as humankind. They give symbolism, significance, and a sense of sharing to the community. People have developed these rituals to help them address their joy, celebration, grief, loss, emotion, pain, and creed. In many ways, rituals are ways of sharing the good and the bad so that joy is shared by all and pain is not allowed to overburden a few. Most communal ritual practices in Africa are mainly performed by a leading priest or shaman. Capacitar, however, introduces a new approach, where people are not subjected to anyone designated to perform the act; rather, the individuals originate and perform their rituals as best meets their needs.

The Labyrinth

Traced on ancient coins as early as 430 BCE,³⁸⁴ the labyrinth is an ancient symbol that has various significance. It was first discovered in Greek mythology but soon it became a symbol of spiritual exercises. People unable to go on religious pilgrimages engaged in walking the labyrinth as a substitute.³⁸⁵ Unfortunately, its spiritual significance dwindled with time. Within the last two decades, however, there has been a resurgence in the labyrinth's spiritual, religious and psychosomatic benefits. The contemporary approach to this tool has involved virtually every aspect of the person, making it more of a holistic symbol.³⁸⁶ The labyrinth

³⁸⁴ Wikipedia contributors, "Labyrinth," *Wikipedia, The Free Encyclopedia*, <http://en.wikipedia.org/w/index.php?title=Labyrinth&oldid=335493909> (accessed January 7, 2010).

³⁸⁵ Wikipedia contributors, "Labyrinth," *Wikipedia, The Free Encyclopedia*, <http://en.wikipedia.org/w/index.php?title=Labyrinth&oldid=335493909> (accessed January 7, 2010).

³⁸⁶ Cane, 200.

addresses both the individual in the struggle with his/her issues, and the community at large. To some, the labyrinth walk signifies a spiritual pilgrimage or journey, while to others it signifies various forms of healing from physical, emotional or even psychological distress. Capacitar has reported many others who have associated the walk with psychological healing and a calming from stress. Participation in this practice involves the individual who walks the labyrinth along with the community that walks with them. Many have testified that walking the labyrinth unblocked, “harmonized, and heal(ed) the whole person.”³⁸⁷

Movement, Dance and Music

Dance and music have been part of the human individual, social, communal and spiritual life in Africa.³⁸⁸ Abraham Berinyuu puts it succinctly: “Dance, in all of its forms and kinds, is an integral part of the African way of life. Dance can be a form of entertainment and a way of worship, as well as a source and means of inspiration.”³⁸⁹ More recently, movement, dance and music have proved to be effective tools in the release of traumatic stress and the balance of energy as indicated here by Berinyuu when he says, “To the African, music meets psychosomatic needs,” because it penetrates into “the personal-subjective feelings.”³⁹⁰ Associating this activity with healing in the more Westernized and scientific cultures has been difficult, since the general assumption is that dance is a social convention and meant for entertainment, rather than a therapeutic exercise. Certain societies, as we shall soon discover, in tune with ancient beliefs have utilized music, movement and dance for more significant purposes. Most of those cultures have incorporated these activities in their clinics and hospitals today. China is an example of a

³⁸⁷ Cane, 200.

³⁸⁸ Mbiti, *Introduction to African Religion*, 61.

³⁸⁹ Berinyuu, *Towards Theory and Practice of Pastoral Counseling in Africa* 117.

³⁹⁰ Ibid., 123.

modern medical system that has implemented dance and music in modern medical clinics.³⁹¹

Capacitar uses these activities as rituals of healing because they are of great importance in facilitating the healing process. “Music has a positive effect on people who have suffered some kind of physical or emotional trauma, and is currently used in some hospitals to alleviate pain or anxiety connected with surgery or medical procedures.”³⁹² By their nature, engaging in music, movement and dance are easily assimilated by the grassroots population who find it a cathartic experience.

Energy Flow in the Environment

This is the belief that, besides flowing in the individual and the community, energy also flows in the physical environment. Shrines, pools, and rivers carry various forms of energy. Certain areas come with negative energy that could hinder positive energy flow. It is helpful to be aware of such places and to avoid them. Healing is effective in a non-toxic environment, one that is emotionally and mentally clean. Energy flow is smooth and goes unhindered in such environments. What promotes healing in such situations is that harmony and balance are in control at the time.³⁹³ When treating traumatic stress, it is important to observe the conditions people live in; otherwise one could be operating in a hostile environment that hinders healing.

The Partnership Model

This model calls for a shift in thinking and practice when it comes to human relationships. It holds that successful relationships are practiced on the basis of equality. Hence, it challenges

³⁹¹ Cane, 212.

³⁹² Ibid.

³⁹³ Ibid., 218.

domestic relationships in which there is domination and submission by participants. A partnership model, instead, is a relationship type that advocates equality of participants.³⁹⁴

Global Healing

This section is similar to communal healing of trauma except that it takes on a global perspective. It helps us to realize how much smaller the world has become, and why we must be concerned about everything that happens anywhere because we all stand to be affected by it. Thus, rather than being solely focused on our small communities, we need to attend to issues that are happening everywhere. Global healing is intended to create communities that work towards healing trauma beyond their localities, because whatever happens to a person anywhere could have an effect on others.³⁹⁵

Communal Healing and the African Tradition

Traditionally, Africans attach a great deal of importance to communal living. The health of the community, they believe, is extended to its individual members. Thus, a healthy community results in a healthy person, vis-à-vis the unhealthy community that produces unhealthy people.³⁹⁶ The healthy person is believed to get their health and wellbeing from the community that bestows it upon them by virtue of the individual's membership in the community. In the African tradition, most communal healing and transformation comes about through ritual practices and the observance of certain festivals.³⁹⁷ These traditions and rituals define the people, their communities and their way of living. To the African, the *community* is what defines him or her; it holds a great significance. To a large extent it defines the individual. John Mbiti says

³⁹⁴ Ibid., 233.

³⁹⁵ Ibid., 261.

³⁹⁶ Mbiti, *Introduction to African Religion*, 177.

³⁹⁷ Ibid, 137.

that the African would relate to his or her community in these words, “I am because we are, since we are therefore I am.”³⁹⁸ Except for the labyrinth ritual, most of the other Capacitar communal healing practices outlined in this section have parallels or functional substitutes in Nigerian traditions, such as the *N’zem Berom* ritual among the Berom.

N’zem Berom is a practice that generates much anticipation for both the ailing, their loved ones and the community. At this gathering, all the people come in festive mood to celebrate, but also to listen to the chief-priest (da-Chi) perform a number of rituals, most of them astonishing miraculous acts. The sick are healed and the fear of an epidemic outbreak or misfortune that could befall the community is warded off. It also is a time that dancers display their entertainment art to a large audience. N’zem Berom is the biggest celebration performed by the Berom people, not just because of its entertaining qualities, but also because of the spiritual and restorative attributes it brings to the individual and to the whole community.

After a person acquires the skills laid out above, the next step is to extend the knowledge learned to others. The following describes a pedagogy known as Popular Education. It has been successfully implemented in Brazil to extend information in non-formal yet effective ways.

Popular Education and Leadership for Healing and Transformation

In the 1950’s and 1960s, Paulo Freire of Brazil developed the Popular Education concept, which involved teaching people to impart to others knowledge that they have acquired, as a way of reaching out to the poor who had no means of formal education. Most people in this category lived under a culture of silence and oppression. Freire encouraged that the people be taught in informal settings. They were urged to participate in the system as well as analyze and be critical

³⁹⁸ Mbiti, *African Religions and Philosophy*, 110.

where they deemed necessary.³⁹⁹ The erstwhile silent and apathetic people were empowered as they got actively involved in what was going on around them. In the process, they discovered the wisdom they had within themselves and their communities.⁴⁰⁰ This enabled them to begin the healing transformation of the social ills in their societies. The people took on the leadership of their communities with this transformation of consciousness.⁴⁰¹ Capacitar adopted these popular education concepts and applied them in the spread of this healing model. This practice is not known in the context of this study; however, it would be a valuable addition.

Popular multicultural education is a Capacitar concept which encourages people to become knowledgeable about cultures other than their own. Popular multicultural education goes a step further in calling on those who have gained such knowledge to extend it to others. Hence, it meets the popular education advocacy philosophy of spreading the knowledge through those that have been privy to it. As with the previous topic just discussed, this topic is not readily practiced in Nigeria; however it will be very helpful to introduce it in this context.

Team Spirit: Capacitar encourages and teaches Team Spirit as an in-depth understanding of team work. The concept teaches participants to understand how team work is centered beyond an individual member, because that is what creates the “spirit” in the team. Thus, spirit is that which makes a team more than the sum of its individual members. It is the spirit that makes members of a team work selflessly with conviction, creativity, and excellent performance.

³⁹⁹ Cane, 236. Citing Paulo Freire, *Education for Critical Consciousness* (New York: Continuum, 1970).

⁴⁰⁰ Ibid.

⁴⁰¹ Ibid.

The Popular Education Concept in Africa

This concept propagates acquired knowledge by extension through the clients or beneficiaries of therapeutic practices taught by Capacitar.⁴⁰² This is not a cultural practice in Africa, even though there is no question that people do learn from each other informally or by accident. A program or practice that purposely promotes this form of pedagogy is nonexistent in the African culture. On the contrary, most shamans confine their art to themselves; only when necessary do they transfer some of that knowledge to their kin.⁴⁰³ It is considered a family secret that should not be leaked out. Such habits are unhealthy when people are denied information that could be helpful to their health and wellbeing. Popular education is, therefore, a needed practice in Africa, especially when it comes to extending knowledge such as these trauma-healing practices.

Capacitar advocates a holistic view of healing and encourages that idea in its approach. In our examination of the program in this chapter, we came across some of its holistic approaches to healing. The next chapter is going to introduce a comprehensive holistic concept, the Holistic Soul Care Treatment model, one that I envision and hope to see implemented in Plateau State, Nigeria.

Chapter Summary

Capacitar is a combination of ancient and modern therapeutic practices that have been tested and found to be trauma-relieving. It has employed such practices as Tai Chi, Pal Dan Gum, and Chakra Energy to mention a few, as treatment therapies.

⁴⁰² Ira Shor and Paulo Freire, *A Pedagogy of Liberation* (Westport, CT: Bergin and Garvey, 1987), 38-39.

⁴⁰³ Mbiti, *Introduction to African Religion*, 152.

This approach to therapy has been most helpful to people who have no access to one-on-one psychotherapy. Thus, grass-roots persons and the marginalized of society have benefited immensely from these healing practices. Using personnel trained in its therapeutic exercises, the organization has helped communities in places of war, violence, poverty, and disease. Capacitar has helped these people to heal themselves as well as their communities. It has also learned to work in collaboration with communities it serves, by allowing them to insert aspects of their own culture or ritual that suits them most. This ensures that these healing exercises are not being imposed on the people. Rather, Capacitar adapts potential indigenous practices that are acceptable and helpful to the people, incorporating them into its practices.

In its effort to spread this therapeutic practice, Capacitar has adopted the popular education model of Paulo Freire of Brazil. This is an educational pedagogy which encourages and prepares the trained person to train their own immediate social circle, who will, in turn, do the same. Applying this technique reaches the community in a very effective way with minimal effort, using what Capacitar calls the multiplier effect. In our evaluation of some of these therapeutic exercises and concepts with African cultures and traditions, Capacitar proved to be a therapeutic philosophy and practice that should fit in the Nigerian society.

CHAPTER 6

HOLISTIC HEALTH CARE

Introduction

The purpose of this chapter is to demonstrate the relevance of the holistic concept in the total healing of the person. I begin with two sections that offer a definition and discussion of the concept of holistic health and a discussion of its and growing popularity. Next addressed is Christian foundations for holistic soul care, which identifies holistic approaches to healing in the ministry of Jesus, the person who inspired the founding of the Christian faith. This is followed by an exploration of the theme *Holistic Care of Souls*. This section addresses the contributions of selected scholars in the field of Christian soul care, with special attention to Howard J. Clinebell's views of six human dimensions (in comparison to the five I address) that make up the “whole person.”

What is Holistic Health Care?

A holistic view of health includes treatment of a person's ailing body mind, emotions, relationships, and spirit as intricate parts of what makes up the whole person. Healing that focuses on just one of the above is not responding to other aspects of the person in which the pain or ailment will likely also have an influence.⁴⁰⁴ In a holistic approach to health care, mind, body, relationships, emotions, and spirit are regarded as being closely interconnected and equally important for health. Holistic health care can also be defined as a system that fosters an integrative relationship among all aspects of ill-health, leading towards optimal attainment of

⁴⁰⁴ "Holistic health," *Wikipedia, The Free Encyclopedia*, http://en.wikipedia.org/w/index.php?title=Holistic_health&oldid=285280081 (accessed April 2, 2009).

physical, mental, emotional, social and spiritual balance, using therapies that attempt to treat the patient in all dimensions.⁴⁰⁵ Herbert A. Otto and James W. Knight, in describing the basic principles and concepts of “holistic” or “wholistic” healing, define it as follows:

Wholistic healing is the treatment of the whole person. It helps to bring the mental emotional, physical, social, and spiritual dimensions of the person’s being into greater harmony and employs wholistic principles and the elements of a total, integrated treatment program, with emphasis on any therapy or treatment that stimulates a person’s own healing process.⁴⁰⁶

Holistic healing, according to Otto and Knight, is more than not being sick; it is a lifestyle of personal commitment toward health and wholeness. No matter the current state of health, a holistic approach to health calls a person to make ongoing efforts to becoming healthier.⁴⁰⁷ That implies making a concerted effort habitually to integrate health-promoting practices in their lives.⁴⁰⁸ To better conceptualize holistic health, we need an understanding of its origins and why it is becoming a popular treatment model.

Why Holistic Healing?

For centuries, even millennia, ancient cultures in Asia and Europe⁴⁰⁹ addressed ailments from a holistic perspective, that is, they harnessed the healing potential of treating the whole person. Healers, traditional doctors, “witch doctors,” shamans, or whatever names they may

⁴⁰⁵ Charlotte Eliopoulos, *Invitation to Holistic Health: A Guide to Living a Balanced Life* (Sudbury, MA: Jones and Bartlett Publishers, 2004). 348.

⁴⁰⁶ Herbert A. Otto and James W. Knight, “Wholistic Healing: Basic Principles and Concepts in Dimensions,” in *Wholistic Healing: New Frontiers in the Treatment of the Whole Person*, ed. Herbert A. Otto and James W. Knight (Chicago: Nelson-Hall, 1979), 4.

⁴⁰⁷ Larry Trivieri, *The American Holistic Association Guide to Holistic Health: Healing Therapies for Optimal Wellness* (New York: John Wiley, 2001), 10.

⁴⁰⁸ Greider, 235, 236.

⁴⁰⁹ Trivieri, 103.

have assumed based on culture and context, used an approach to healing that addressed body, mind, spirit, social relationships, and emotions in the treatment process.⁴¹⁰

The holistic approach began to lose ground in the Western world with the influence of the French philosopher Rene Descartes (1596–1650), who taught a separation of the mind and the body. This led to the development of the Cartesian idea of the “either/or,” a view the West eventually embraced, particularly in the field of medicine.⁴¹¹ This impacted not only medical practices but the very way disease was and is understood. Having discovered ailment-causing agents such as germs, viruses, and bacteria, medical practice became focused on eliminating these disease-causing agents.⁴¹² The eventual discovery of medications that successfully killed these agents raised high expectations that humanity was on the verge of permanently overcoming all diseases. Yet despite the successful prevention of and treatment for germs and bacteria, there was no success in treating other disease-causing agents such as viruses.⁴¹³ Still, there were hopes that eventually there would also be success in this area. Science came to be recognized as the only solution to healing and curing people from diseases. This development marked the beginning of a paradigm shift⁴¹⁴: with this new philosophy, it was believed that full health could be attained without other therapeutic forms of treatment, such as care for the mind, spirit, emotions, or environment. Allopathic medical treatment became the norm for attaining health,⁴¹⁵

⁴¹⁰ Otto and Knight, 13.

⁴¹¹ Trivieri, 103.

⁴¹² *The New Encyclopedia Britannica*, 15th ed., s.v. “medicine”

⁴¹³ *The New Encyclopedia Britannica*, 15th ed., s.v. “virus”

⁴¹⁴ Lynette Bassman, “Understanding Alternative Healing Modalities: Basic Concepts,” in *Mind, Mood, and Emotions: A Book of Therapies*, ed. By Lynette Bassman (New York: MJF Books, 1998), 16.

⁴¹⁵ Bassman, 16.

replacing common use of more holistic care.⁴¹⁶ This departure from holistic care and the possibility of reengaging it is what draws my interest.

This point is not meant to disregard in any way the great contributions of allopathic medicine, particularly in combating ailments that have at one time nearly eradicated⁴¹⁷ (and in some instances eradicate) entire communities and threatened large societies and entire cultures; e.g., smallpox.⁴¹⁸ Allopathic medicines, in collaboration with the scientific sector, are still making great strides in the field of medicine. However, there are still setbacks and limitations. For example, as mentioned above, the discovery of medications to treat bacteria and germs gave great hope that a way to treat viruses would be found.⁴¹⁹ But there is still no successful treatment for viruses, something that remains frustrating to the scientific and medical communities. Another concern in allopathic medicine is that some bacteria are developing resistance to the antibiotics that formerly destroyed them. Also, the way allopathic medicine is practiced in the West requires a costly management style that often overwhelms the medical providers: physicians, nurses, and the rest of the medical team.⁴²⁰ For instance, the requirement of management for health care providers to meet a certain patient census within a stipulated time frame is often not adequate for a comprehensive clinical visit. This has left the medical team primarily focused on the disease and its eradication, with little or no attention to the person with

⁴¹⁶ David Kingsley, *Health, Healing and Religion* (Upper Saddle River, NJ:Prentice Hall, 1996), 169.

⁴¹⁷ Penny Lewis, ed., *Integrative Holistic Health, Healing, and Transformation, A Guide for Practitioners Consultants, and Administrators* (Springfield, IL: Charles C. Thomas, 2002), 5.

⁴¹⁸ *The New Encyclopedia Britanica*, 15th ed., s.v. "smallpox."

⁴¹⁹ Otto, 67.

⁴²⁰ Donald Fink, "Holistic Health: The Evolution of Western Medicine," in *The Healing Continuum, Journeys in the Philosophy of Holistic Health*, ed. Patricia Anne Randolph Flynn (Bowie, MD: R. J. Brady, 1979), 322.

the disease.⁴²¹ The result is that many patients and their families become frustrated with an approach to treatment that seems to deny their humanity.⁴²² Feeling neglected, patients have responded by exploring other aspects of their humanity for healing--the spirit, mind, relationships, and emotions. In short, they seek holistic healing. Robert Anderson, author of *Clinician's Guide to Holistic Medicine*, puts it in these words: "The trend toward the new paradigm (holistic health) is emboldened by the sheer numbers of those seeking more of the alternatives."⁴²³ They want to see the involvement of the physical, mental, emotional spiritual, environmental and social factors during the healing process. It is now understood that unless all these elements that make up the whole person are considered, healing is only partially achieved. This has brought the awareness that full health cannot be attained unless there is a harmonious functioning of all aspects of the person. All these systems, as diverse as they may appear, are intimately connected in a dynamic balance. "Dis-ease or imbalance in one part directly affects all other parts of the whole. There is never a single cause for disease."⁴²⁴ A true picture of an individual's ailment can only be achieved when all these pieces are included in the total picture of the person's well being. It is then that effective therapeutic interventions can be directed at both the underlying and the more obvious causative factors, thereby treating the whole person.

William Collinge observes that for decades, conventional treatment approaches have been ones that try to heal by battling with the disease through the introduction of extraordinary

⁴²¹ Ibid., 69-70.

⁴²² Kingsley, 189.

⁴²³ Robert Anderson, *Clinician's Guide to Holistic Medicine* (New York: McGraw-Hill, 2001), 384.

⁴²⁴ William Collinge, *The American Holistic Health Association Complete Guide to Alternative Medicine* (New York: Warner Books, 1996), 100 .

outside means to attack the pathogens,⁴²⁵ such as antibiotics used in the treatment of bacteria and certain types of viruses. This new awareness reclaims ancient traditions in which it is “rather... a matter of supporting the body’s own inherent healing mechanisms to help them actualize their highest potential.”⁴²⁶ The body’s own immune systems, Collinge continues, are stimulated through various activities that are non-invasive, allowing rather simple ways that have been proven from ancient times to be successful. Tai chi and yoga are two of those practices. Yoga—with its stretching, breathing and relaxation/meditation practice for the restoration of physical health—has been successful in the treatment of headaches, insomnia, and problems with equilibrium, to mention just a few, without the administration of medications. Anderson, referring to a study conducted on the success of yoga practice, states that “Yoga has demonstrated remarkable success in both treating and preventing chronic low-back pain, and can safely be encouraged.”⁴²⁷ With the heightening of the immune system, the body is able to fight off diseases without administration of foreign substances in the form of medications.

Anderson also contends that there is increasing knowledge of the reciprocal relationship between the body and the mind. Soma (body), it is now understood, affects the psyche (mind), and vice versa.⁴²⁸ This means, Anderson continues, that there are psychological or emotional conditions that could affect the body; similarly there are somatopsychic effects, in which the conditions of the body affect the mind and emotions.⁴²⁹

As was mentioned earlier in this section, allopathic medicine, as we know it today, has been so overwhelmed by the demands of the system that the needs of a patient as a person all too

⁴²⁵ Ibid., 102.

⁴²⁶ Ibid.

⁴²⁷ Anderson, 316.

⁴²⁸ Ibid., 271.

⁴²⁹ Ibid., 271.

often become lost. This is due to departmentalization, mechanization, the bureaucratic process, and the financial expectations of those that run the system but who have only minimal understanding of the medical treatment process itself.⁴³⁰ Little attention is paid to the person who is sick; rather, attention is primarily directed toward the symptoms of the disease and the financial encumbrance that results because of the treatment. Patients have time and again expressed the desire for a closer relationship with their medical providers.⁴³¹ In a conventional biomedical facility, patients are normally referred to by the ailments for which they are being treated: a patient suffering from diabetes is referred to as “the diabetic in bed 2,” rather than “the person with diabetes in bed 2.” The focus on the disease and symptoms rather than on the person with the disease has been a major departure point between allopathic medicine and holistic health care. Holistic health care, while conversant with the disease, ensures that attention is equally directed to the ailing person, as well as to the disease. Such humanization of the patient/client in holistic health care has drawn many, both patient and their loved ones, to be more accepting of their condition.⁴³²

One fascinating aspect of holistic health care is that patients are not simply recipients of care from a care provider, but have a role to play in achieving their own healing. Holistic health care regards as disempowering those treatment methods where the patient/client is expected to take on without question whatever is offered to him/her from the health care personnel. Patient empowerment is very important to holistic health. Larry Trivieri asserts that, since the clients are involved in their own treatment and healing, it makes holistic healing a caring process and

⁴³⁰ Otto, 68.

⁴³¹ Anderson, 385.

⁴³² Kinsley, 170.

not just a search for the cure of the person's disease.⁴³³ The patients/clients play their role in therapies such as yoga, physical exercise, interaction with the natural environment, proper nutritional intake, and the avoidance of habits that could be impeding their health. Tivieri also notes that prevention is a major theme in holistic health, as caregivers "educate their clients on how to adopt lifestyle habits that support and prevent disease, as well as assessing patient risk factors and genetic predisposition to diseases."⁴³⁴ Similarly Kathleen Greider addresses this theme when she says,

Good stewardship of the life entrusted to us involves trying to digest at least some of the avalanche of information provided to us about how we can protect the health we have or try to recover health if we have lost it – the best nutrition, forms of exercise, sleep patterns, amount of sun-exposure, environmental protections, even the patterns of relationships that seem to promote health.⁴³⁵

The growing popularity of holistic healing has continued to challenge conventional treatment models, to adopt complementary therapies as part of meeting a patient's health needs.

Christian Foundations for Holistic Soul Care

In this section, I offer a hermeneutical study of the ministry of Jesus that is holistic in its approach. Implementing this treatment program in Plateau State, Nigeria will depend heavily on the church and support from the Christian community of Plateau State, especially my own people of the Church of Christ In Nigeria. Therefore, it is very important that this topic is approached from a perspective that is acceptable and comprehensible to this primary audience. A review of the teaching and ministry of Jesus will carry the greatest authority in promoting support and confidence for this program. Therefore, I have taken this hermeneutic viewpoint that is also supported by pastoral scholars whose work I cite.

⁴³³ Trivieri, 17.

⁴³⁴ Ibid., 263.

⁴³⁵ Greider, 305.

The Holistic Ministry of Jesus

The ministry and practice of Jesus exemplifies a holistic approach to health and care. His was a model of care that addressed all aspects of a person. The central theme of Jesus' mission was to bring an awareness of what He termed the Kingdom of God to humankind,⁴³⁶ and it is crucial to note that He conveyed his message through meeting the spiritual, social, emotional and physical needs of the people. The kingdom of God that he taught could also be understood as the reign of God.⁴³⁷ The message and teachings were to prepare the people for the arrival of the era when God will reign over everything. He accomplished this through the performance of miracles and the teaching of parables. Scholars have estimated that two-thirds of the miracles Jesus performed were for the restoration of people from physical ailments.⁴³⁸ The miracles, which were usually the reversal of negative physical disorders or ailments affecting an individual, demonstrate that God's intention for the kingdom is wholeness and well-being. Therefore, acts of healing were a reflection of what the kingdom of God would look like. God's intended perfect plan for humanity will be achieved in the kingdom where there will be no more suffering or pain. Miracles were to show that in the kingdom of God, humanity will "be free from any destructive elements that dominate and intimidate us now."⁴³⁹ The miracles of Jesus also came with a strong prophetic message about the coming kingdom of God, which he was proclaiming. They were not intended to create a spectacle to impress anyone so, of course, Jesus did not

⁴³⁶ Lk. 9:2 (RSV).

⁴³⁷ Mk. 1:15

⁴³⁸ Richard Rice, "Toward a Theology of Wholeness: A Tentative Model of Whole Person Care," in *Spirituality, Health, and Wholeness: An Introductory Guide for Health Care Professionals*, ed. Siroj Sorajjakool and Henry Lamberton (New York: Haworth Press, 2004), 19.

⁴³⁹ *Ibid.*, 18.

entertain people's enthusiastic craving for more miracles.⁴⁴⁰ The miracles were meant to help non-believers to believe the message of the kingdom. Jesus also used the miracles to remind people of the presence of God in their midst and to bring that awareness to those who were skeptical. The miracles were evidence that God is committed to humanity and to its needs.⁴⁴¹ We will next explore Jesus' holistic ministry, observing the physical, emotional, spiritual and social approach that laid the groundwork for Christian Soul Care.

Body

Jesus performed miracles as an approach to meeting his ministry's objectives. Most miracles he performed involved the healing of the sick because physical health was important to him. We have an account of Peter's mother-in-law being sick with a fever when Jesus was visiting with them. Jesus healed her of the sickness.⁴⁴² Another account is given of Jesus passing through a town where he was interrupted by a blind man who desperately asked that Jesus restore his sight. Though Jesus asked the man some questions that bore more on the spiritual side of the equation, he restored the man's sight.⁴⁴³ On another occasion, he was teaching a large group of people regarding the kingdom of God, the main objective of his mission. A group of friends brought their sick and paralyzed friend on a bed. The crowd was so large that they could not manage to get too close to Jesus. They opened up the roof, and lowered their sick friend to Jesus. Jesus healed the paralytic, telling him to take up his mat and walk home.⁴⁴⁴ Though Jesus at the time was focused on offering spiritual lessons to the crowd, he took the time to address the physical needs of this man. In another story, a large crowd

⁴⁴⁰ Mt. 16:4.

⁴⁴¹ Rice, 19.

⁴⁴² Mk. 8:14.

⁴⁴³ Lk. 18:35.

⁴⁴⁴ Mt. 9:1-9.

impressed by the honesty and wisdom of Jesus' teachings followed him to a distant location to listen to his spirit-nurturing lessons. After awhile the people were hungry, having not eaten for a long time. Meeting their spiritual hunger was important, but physical hunger had to be addressed, too. Using five loaves of bread and two fish, he fed the 5,000 people who came, meeting their physical needs.⁴⁴⁵

Jesus did not stop at healing the physically ailing or meeting nutritional needs of the hungry. He also restored life to the physically dead. In one account recorded in the book of Matthew 9:23-26, a little girl died, but the father pleaded with Jesus to bring her back to life, which he did.⁴⁴⁶ Similar is the account of the death of his friend Lazarus, recorded in the book of John. When Jesus arrived at the scene of this incident, he spoke of the "coming back to life," which was interpreted by those around to mean the Resurrection at the end of time, a teaching that had dominated his spiritual lessons. Little did they know that he meant to bring Lazarus back to physical life right before them. He did just as he told them, restoring Lazarus to a healthy body.

Jesus was not purely on a spiritual mission, he was also interested in people's physicality. While there is no doubt that Jesus did put His emphasis on spiritual matters and that on some occasions he seems not to lay emphasis on "physical matters,"⁴⁴⁷ he still struck a balance in his approach to ministry. Life in the physical state may not be as long-lasting as what he taught would be coming in the spiritual life, but that did not cause him to be disparaging of the physical state of existence. What we have seen here is that Jesus was not pleased when the body was not at ease. He would intervene in ways that honored, healed, and dignified the body.

⁴⁴⁵ Mk. 6:30-44.

⁴⁴⁶ Mt. 9:2-26.

⁴⁴⁷ Mt. 26:41.

Spirit

Jesus is best known for the spiritual mission he came to accomplish. He understood that, surrounded by the physical world, people would find it difficult to fully comprehend the spiritual world. In order for them to articulate spiritual mysteries, he taught how they must first get in touch with their own spirit, because that is what would subsequently connect them with God.⁴⁴⁸ He taught them various ways in which to be connected with their spirit. Prayer, he said, was an important ritual in accomplishing that goal. He taught them how effective prayer was, not in the mumbling of many fanciful words and the utterance of great vocabulary, but being honest and intentional before God. Neither was it supposed to be a public event, making it a spectacle to be admired. Divine intervention in prayer comes when we pray in private, uttering few and simple words.⁴⁴⁹ Another spirit-enhancing exercise he taught them was fasting. He had been asked a question as to why his disciples did not fast like other great religious groups did at that time. Just as he taught them the art of praying, fasting, he said, is an exercise that should not be publicized in a manner that is intended to impress the world. Rather, it should be an act performed privately to glorify God in secret. Thus, he encouraged them to fast, but they should not make it visible on their faces, because by so doing they will get no spiritual blessing from God beyond the praises of the people who see them.⁴⁵⁰

A major theme Jesus taught his disciples in building their spirit was the understanding and practice of faith. On many occasions he taught them how vital it was to have faith as a weapon in the spiritual battle. Faith is the basis of a strong spirit. What he taught may not be

⁴⁴⁸ Jn. 4: 24 .

⁴⁴⁹ Mt. 6: 5 .

⁴⁵⁰ Mt. 6:16.

visible to the naked eye but must be believed. It is in faith that one finds one's spiritual strength.⁴⁵¹

Jesus taught about love, and the importance of love as the spirit of humanity. Unless love is genuine and real, he said, it is of no effect.⁴⁵² We measure our love for other people by the love we have for ourselves. "Love your neighbor as yourselves" he taught them.⁴⁵³ Love is vital to the human spirit, and that is why it should be exercised at all times. In fact, he taught that humans should strive to love even our enemies, though the natural human tendency is to hate the enemy.⁴⁵⁴

Jesus' teaching about the spirit was linked to religion. Jesus taught that true religion should not be practiced as an outward display of righteousness. Rather, it should be a private and even secret spiritual exercise that is performed between the individual and God who is in secret and rewards in secret. When the spirit of the person connects with the divine spirit in a unique relationship, that is what benefits the person. For religion to be of any significance, it must be practiced in spirit and in truth, because "God is spirit."⁴⁵⁵

Emotions

Most of Jesus' teachings and miracles were influenced by a deep and honest sense of compassion he had for those who were suffering. Jesus particularly felt the pain of people who were objects of societal "neglect and scorn."⁴⁵⁶ In his ministry, Jesus' expressions of compassion often had to do with the people whom he healed or those whom in one way or another he helped

⁴⁵¹ Mt. 17:20.

⁴⁵² Mk. 12:28-34.

⁴⁵³ Mt 19:19.

⁴⁵⁴ Lk. 6:35.

⁴⁵⁵ Jn. 4:24.

⁴⁵⁶ Rice, 22.

when a negative incident was happening to them. On one occasion, as he was passing by, a blind man heard about him; the man came close to the road and called on Jesus to have pity on him by restoring his eye sight. Jesus called on the man and granted his request.⁴⁵⁷ Again, we see Jesus' attitude of compassion when a group of lepers came to him seeking to be restored to health from their disease. The culture at the time shunned people with leprosy and treated them as pariahs; in some cases they were not even considered a part of society.⁴⁵⁸ Jesus, being aware of the emotional trauma of such a dehumanizing condition, compassionately declared them healed. This must have given them great emotional relief knowing that they had been given back their full humanity and a chance for reintegration into society.

Jesus seems to have been always aware of the emotional pain that afflicts people when they are undergoing difficult life situations. He visited homes that were faced with the possibility of death because of a grievous illness of a household member, as well as those already grieving for the death of a loved one. On a very few of those occasions, he is described as compassionately bringing back to life a member of the family who had died, such as the daughter of Jarius.⁴⁵⁹

Jesus did not express emotions only in times of pain, but he equally expressed feelings of joy and elation when people showed extraordinary faith. A centurion, not a citizen of Israel, Jesus' nation, came to request that Jesus heal his servant. He asked Jesus not to bother coming to his house in person, because he (Jesus) could utter the healing words and his servant would be

⁴⁵⁷ Mk. 1:41 .

⁴⁵⁸ Mt. 17: 11-14.

⁴⁵⁹ Mark 5: 21-43.

well. Jesus, astonished at such great faith from a foreigner, responded, “I have not found such faith even in Israel”⁴⁶⁰

At one time when Jesus and his companions were traveling, His disciples were denied entrance into a Samaritan village. The disciples were extremely disappointed by such a reaction. They asked Jesus to send down fire to burn the village. Jesus refused to entertain their anger but rather had compassion upon the Samaritan villagers.⁴⁶¹

Jesus reached out with his emotions to persons on the margins of society. For example, though women, no matter what their social class, were not treated as equals of men of their class, Jesus engaged women with respect and care. At one time a woman was brought before Jesus, accused of being caught in the act of committing adultery. The law at the time allowed that she be stoned to death--though nothing is mentioned of punishing the man involved with the woman. Jesus, who knew the intention of the crowd to humiliate him about his teaching of compassion and forgiveness for sinners and the downtrodden, told them that the one among them without sin was to be the first to throw a stone at her. When none would act but rather left the scene, he told the woman also to leave, adding, “...neither do I condemn you.”⁴⁶² Similarly, Jesus offered compassion to children. There was a time when children were brought to Jesus, but his disciples attempted to stop them. The disciples thought that Jesus should not bother with children, but with deep and loving affection for the children, he called on the mothers to bring the children to him. According to him, “the kingdom of God belongs to such as these.”⁴⁶³

⁴⁶⁰ Lk. 7:9.

⁴⁶¹ Rice, 23.

⁴⁶² Jn. 8:11.

⁴⁶³ Mt. 19:13.

Jesus did not only express emotion about visible things, but about spiritual matters as well. Luke reports that Jesus had great compassion when he saw a crowd of people and he realized their spirits had been deprived of nurture. His compassionate reaction was that they looked like “sheep without a shepherd.”⁴⁶⁴ He seized the opportunity to teach them lessons that would help feed their spirit.

At one time the disciples came back feeling quite exhausted from a mission assignment Jesus had sent them to perform. Realizing they were mentally and emotionally run down, Jesus advised that they take time to rest. By so doing they were able to renew themselves and get mentally and emotionally restored.

Probably the most important emotional expression in which Jesus became engaged and about which he passionately taught was that of love.⁴⁶⁵ His teaching on love is seen in every part of his ministry on earth. He taught his listeners what the emotion of love should be and how we need to exhibit it in our lives. The emotion of love is one that we express not just to benefit us as individuals, but at the same time to benefit those we interact with. Beside its earthly benefits, love above all is a virtue that will build healthy relationships between God and his people. In his last major prayer for his followers, Jesus made particular mention of his disciples.⁴⁶⁶ He prayed that they learn to love one another, because love is the sign that will draw the world to their message of the kingdom of God.⁴⁶⁷

Probably the most noted occasion on which Jesus expressed deep emotional feelings was at the death of his friend, Lazarus. When Jesus arrived, he was moved by the grief-stricken

⁴⁶⁴ Mt 9:36.

⁴⁶⁵ Lk.6:32.

⁴⁶⁶ Jn. 17:6.

⁴⁶⁷ Jn. 15:12.

household, as well as by his own loss of a friend. We are told that he loved the family and loved his deceased friend. The biblical account goes on to say that he was so “deeply moved in spirit and troubled”⁴⁶⁸ that “Jesus wept.”⁴⁶⁹

Social Relationships

Jesus encouraged many forms of social relationship. Jesus engaged in celebratory aspects of social relationship. When at a wedding where they ran short of wine, Jesus performed his first miracle by turning water into wine at this social celebration. By restoring the sick back to health, Jesus returned them to their families.⁴⁷⁰ After he healed a man who possessed a strong demonic spirit, the man wanted to go with him, but Jesus admonished the man to “go home to your family,”⁴⁷¹ and tell them of your experience. Jesus preferred for him to return and establish relationships with kin and comrades. People that he resurrected from the dead he also reunited with their grieving families. Throughout his ministry, Jesus ensured that people realize the importance of healthy relationships, making every effort to encourage this whenever he could.

Especially noteworthy is that Jesus did not accept the common practice in social relationships of judging persons according to social, economic or religious divisions. As a learned Pharisee and Rabbi, he could have conveniently allowed himself to be assimilated into the privileged side of the system, but he did not abide by these social distinctions. Instead, he taught that love could remove the barriers, real and imagined, between people. Jesus wanted to accomplish this goal by establishing community built on love. Hand-in-hand with love goes forgiveness. Animosity and the holding of a vendetta is a hindrance to the building of an

⁴⁶⁸ Jn. 11:33.

⁴⁶⁹ Jn. 11:35.

⁴⁷⁰ Mt. 15:28.

⁴⁷¹ Mk. 5:19.

integrated society. Unless people learn to be forgiving they will not be able to establish social relationships. Jesus taught that forgiveness leads to reconciliation, not only between people but also between humanity and God.⁴⁷²

Jesus proved his commitment to social equality and love in his practices, in his teaching, and even in the miracles. He chose his close comrades from among the poor and uneducated. In his teachings all imaginable human barriers are nonexistent,⁴⁷³ evidence that he did all in his power to change the conventions of social, religious, and ethnic discrimination. He socialized with people considered by society to be outsiders. He kept company with those considered sinners. At one of his major recorded sermons he taught about the end of time and how the judgment will happen. In the illustrative parable of the sermon, Jesus associated himself with the poor, the sick, the imprisoned, the naked, etc. He told his listeners that attending to the needs of any of these socially and physically disadvantaged persons will be rewarded by God on the last day, because it is the equivalent of attending to him.⁴⁷⁴ Yet neither did he turn away from those with influence. One night an influential official came to engage him in an important theological discussion. Without being judgmental of the official—who was a Pharisee and a member of the Sanhedrin, the ruling Jewish assembly—Jesus went to great lengths to answer some questions brought forward by the visitor.⁴⁷⁵

Still, primarily, Jesus challenged social barriers. For example, a group of lepers came to him to be healed and Jesus realized that their problem was not just physical disability. Society at the time stigmatized them to the extent that they were literally isolated from the rest of the

⁴⁷² Mt. 6:14.

⁴⁷³ Rice, 24 .

⁴⁷⁴ Mt. 25:34-40.

⁴⁷⁵ Jn. 3:1-21.

community. When he had declared them healed, he told them to report to the priest, the authority that could confirm their health status and declare them “clean enough” to be reintegrated into society.⁴⁷⁶ On another occasion, Jesus and a group of Pharisees engaged in a debate on whether or not it was right to pay taxes to the Romans. Jesus, knowing their intention was to determine where he placed his loyalty, whether to the gentile Roman Emperor or to God. Jesus’ response was that it is right to pay allegiance to both according to what is owned by each.⁴⁷⁷ The Sadducees, a religious group that did not believe in life after death, asked Jesus about a woman who had been married to four brothers successively, because each died after she married them. They wanted to know whose wife she would be in heaven. Jesus told them that marriage was not going to be necessary because heavenly existence is spiritual existence.⁴⁷⁸ Jesus also interacted with tax collectors, a group particularly unpopular at the time, for their supposed connivance with the oppressive Roman Empire. Yet, Jesus went into Zaccheus’ house, where he dined with the household.⁴⁷⁹ One time, while his disciples were gone, he was engaged in discussion with a Samaritan woman. Theologically, socially and ethnically all forms of interaction between the Jewish people and the Samaritans were considered taboo. The latter were regarded as inferior people. In addition to her being a Samaritan woman, her lifestyle was one that could be thought of as that of a person of low moral virtue.⁴⁸⁰ In his conversation with the woman he was respectful of her, both as a human being and as one who shared a different theological perspective from what he believed. Such respectful discourse led the woman and many in her village to believe in his teaching.

⁴⁷⁶ Lk. 17:14.

⁴⁷⁷ Mk. 12:13-17.

⁴⁷⁸ Mt. 22:23-33.

⁴⁷⁹ Lk. 19:2-10.

⁴⁸⁰ Jn. 4:7-14.

Holistic Soul Care in the Christian Tradition

Throughout early Christian practice cited in its scripture, salvation and the search for healing are interwoven.⁴⁸¹ This is rooted in Jesus sending out his followers to preach the good news, baptize those that believed, and heal the sick.⁴⁸² The early church adopted Jesus' holistic practice. However, from the beginning, the church of the Acts of the Apostles encountered difficulties in their organization. The once small community of believers experienced a rapid growth in numbers, which led to sociocultural and creedal conflicts, something they had not anticipated. The leaders met and debated how to resolve the problem adequately. They agreed that maintaining the spiritual needs of the people was their primary goal, and they must not compromise it. However, they realized that to focus on spiritual care without attending to other needs of the followers would not give a good testimony of their main mission. They, therefore, established a new office to address and meet the needs of members as deemed appropriate, thereby giving the church a more holistic ministry. The office of deacon was established to serve in the fair distribution of food, along with meeting other material needs of the followers.⁴⁸³ Also in early Christianity, Jesus was referred to as the "great physician," following the pattern of soul care laid down by the "First Church" in the Acts of the Apostles. This strong emphasis on offering both spiritual and physical healing continued through medieval times. After a severe period of persecution and many other struggles within, Christianity became the official religion of the Roman Empire in 313AD. This ushered in an era of extreme growth, one that could possibly have threatened sound doctrinal teachings. To fully contain this massive growth, the church eventually established various departments that would address the purpose of the

⁴⁸¹ Jm.5:14.

⁴⁸² Mk 16:18.

⁴⁸³ Acts. 6:7.

institution as a whole. Soul care became an important branch of the church. The intent of soul care from the beginning was to assist in matters that were more directly oriented to teaching the physical, spiritual, material, and social needs of individual members, as well as to assist members to know how to admonish themselves and others in specific situations. For instance, it helped members know how to conduct themselves when dealing with issues that related to the government or to the courts. Social, political, economic, and physical concerns were issues in which members were instructed to more effectively offer soul care.⁴⁸⁴ The first comprehensive guide to early soul care in the church was developed by St. Gregory the Great (590–604). This pioneering work in Christian soul care was, to an extent, holistic, in that it addressed virtually all dimensions of human existence.

Holistic Care of Souls Revitalized

The holistic approach of Jesus provided a model upon which early Christians began to develop what came to be known as soul care. Early practices of soul care were to a large extent holistic in practice, as was the case in the church of the Acts of the Apostles, when they preached to, healed, fed and housed the members.⁴⁸⁵ As time progressed, however, the holistic concept lost considerable influence in the wider practice of soul care in the Christian community. Most recently, starting in the mid-20th century, the holistic aspect of soul care has not been given the attention it deserves, mostly because of the great success of psychotherapeutic methodologies. The findings of the psychological sciences became for a while the major source of vitality and inspiration in the soul care movement.⁴⁸⁶ As communities around the world continue to integrate

⁴⁸⁴ Gregory I, , *Pastoral Care*, Ancient Christian Writers, no. 11 (New York: Newman Press, 1978), 89.

⁴⁸⁵ Acts 4:32-37; 6:1-7.

⁴⁸⁶ Clinebell, *Basic Types of Pastoral Counseling*, 42.

culturally, ethnically, socially and economically, such diversity creates more complex societies for which, because of its diversity in approach, holistic soul care offers promise and a return to the holism of Jesus' teachings. This will allow us to recover most of what was lost, and appropriately ensure, the riches of this heritage, as we seek to integrate these new resources of contemporary psychotherapy and holistic health care.

Thus, a revival of this rich heritage in soul care is imperative and can be seen in the work of some recent scholar-practitioners who are again attending to this successful, vibrant practice.⁴⁸⁷ Pre-eminent among those suggesting a return to holistic care of souls was Howard J. Clinebell, Jr. I join with Larry Graham when he says that "Clinebell's passion for wholeness in mind, spirit, body, relationships, institutions, and the biosphere is to be fully affirmed. To tie personality fulfillment to caring social involvement is a major gain for the field."⁴⁸⁸ As early as the first edition of his widely-read and highly-acclaimed work on soul care, *Basic Types of Pastoral Care and Counseling*, published in 1984, Clinebell argued for a holistic approach to soul care. Discussing the future of soul care, Clinebell noted that for the discipline of pastoral care to remain relevant, it must be guided by an evolving vision in a world that is continually changing.⁴⁸⁹ More specifically, Clinebell argued that for soul care to become successful and to adequately meet the needs of the future, it "must be holistic, seeking to enable healing and growth in all dimensions of human wholeness."⁴⁹⁰ Clinebell traces the Christian concept of holistic soul care to the New Testament Gospel of John, in which it is stated that Jesus' purpose

⁴⁸⁷ Ibid., 210.

⁴⁸⁸ Larry K. Graham, *Care of Persons, Care of Worlds: A Psychosystems Approach to Pastoral Care and Counseling* (Nashville: Abingdon, 1992), 38.

⁴⁸⁹ Ibid., 25.

⁴⁹⁰ Ibid., 26.

of coming to humankind was to give “life in all its fullness,” or “the abundant life.”⁴⁹¹ The mission of the church is to be “an abundant life center,”⁴⁹² where people will come to be nurtured and empowered with the fullness of life, both as individuals and in their relationships. Liberation is also an important part of this abundant life the church offers through the ministry of holistic soul care.

Holistic soul care, according to Clinebell, gives the person a whole new approach to life because it is “perspective driven,” and is therefore more productive. Holistic soul care allows the person to see him- or herself in possession of undiscovered wealth and undeveloped assets, strengths, and resources. Psychological sciences have corroborated this assertion when they suggest that most people are using only a small portion of their total capacities intellectually and creatively.⁴⁹³ This affects our ability to live life fully, zestfully, and lovingly when such a small percentage of our capacities are being put to use. In Clinebell's view, holistic soul care offers six interdependent dimensions through which care-seekers can be assisted in their growth: mind, body, interpersonal relationships, eco-relationships, institutional relationship-responsibility and a relationship with God.⁴⁹⁴ Growth in any one dimension stimulates growth in the others. Conversely, when diminution is experienced in one of these dimensions, the rest suffer. Thus, holistic soul care is aimed “at enabling persons to increase and balance growth in all six aspects of their lives.”⁴⁹⁵

⁴⁹¹ Ibid., 28.

⁴⁹² Ibid.

⁴⁹³ Howard Clinebell, *Well Being: A Personal Plan for Exploring and Enriching the Seven Dimensions of Life* (San Francisco: HarperSanFrancisco, 1992), 46.

⁴⁹⁴ Clinebell, *Basic Types of Pastoral Care and Counseling*, 128.

⁴⁹⁵ Ibid., 31.

The *first* dimension is about the enlivening of one's mind, which involves developing it in a manner that enriches its performance in many ways, awakening our thinking, feeling, and creative capacities. Through the support of soul care, care-seekers may be helped to envision greater ideas than they normally would. Hence, the mind is empowered with "self-esteem, competence and inner strength."⁴⁹⁶ It is the goal of holistic soul care that the unused capacities of the mind, which are enormous, are put to constructive and useful purposes. In the process, the conscience is enriched and the creative capacity is deepened with sharp and insightful intellectual awareness.⁴⁹⁷ This could also be achieved through the stimulation of the intellectual capacities in challenging activities such as reading, studying or engagement in any pedagogical endeavor. Such enhancing activities could also build self-esteem, growing awareness of respect for reality, and increase in intellectual competence and creativity.⁴⁹⁸

The *second* dimension, closely linked to the enlivening of the mind, is the revitalizing of one's body, which means learning to use the body more effectively and more lovingly, and protecting it from such habits that may offer immediate pleasure but can prove to be harmful and destructive in the long term. For example, this might include desisting from foods that are not nutritionally beneficial to the body and, conversely, engaging in eating healthier foods that bring health to the body. In addition to the discipline in dietary habits being applied in the care of the body, stress reduction through participation in exercises can help to create a sharp mind. Healthful activities like doing regular physical exercise, meditating, and relaxing are all holistic health and wellness therapies for the body. Larry Kent Graham, in his book *Care of Persons*,

⁴⁹⁶ Clinebell, *Well Being*, 51.

⁴⁹⁷ Clinebell. *Basic Types of Pastoral Care and Counseling*, 31.

⁴⁹⁸ Howard Clinebell, *Growth Counseling: Hope-Centered Methods of Actualizing Wholeness* (Nashville: Abingdon, 1979), 20.

Care of Worlds, describes it with these words, “Eastern spirituality may be drawn upon by western Christians to help us connect more deeply with our spiritual centers and to overcome the split between body and mind.”⁴⁹⁹ He goes on to suggest the ministry of care could involve such exercises as teaching yoga, breathing, and increasing sensate focus.

The *third* dimension is the renewing and enriching of one’s intimate relationships, which is the enhancement of social companionships. According to Clinebell, social relationships form, deform, or transform human personalities. For instance, he continues, when lovers are growing in mind and body they are able to relate in ways that nurture their mutual growth, as well as their love. They become committed to each other’s growth. They intensely care about that which enables their partner to grow. Clinebell puts it in these words: “Love flowers fully in a bond of mutual growth.”⁵⁰⁰ It is in this regard that soul care asserts a great deal of importance on the healing growth and deepening of quality in our significant relationships. Healing relationships and growth skills are crucial for soul care.

Holistic soul care attends to relationships beyond interpersonal connections. This is why the *fourth* dimension calls for the deepening of one’s relationship with nature and the biosphere. Learning to treat the air, soil, plants, and animals around us as companions on the planet to be respected and enjoyed, not exploited, we become enriched by this dimension of our existence.⁵⁰¹ Clinebell argues that holistic soul care stands to benefit from growth-oriented counseling that reflects this theme.⁵⁰² Growth counseling is a practice of soul care that aims at helping clients to utilize all their unused personal assets and wasted strength. In the process they can attain

⁴⁹⁹ Larry K. Graham, *Care of Persons, Care of Worlds: A Psychosystems Approach to Pastoral Care and Counseling* (Nashville: Abingdon, 1992), 193.

⁵⁰⁰ Clinebell, *Growth Counseling*, 27.

⁵⁰¹ *Ibid.*, 30.

⁵⁰² *Ibid.*, 31.

liberation from unfulfilled lives and gain more meaningful lives. Growth-counseling should also be an opportunity for care-seekers to be reminded of their interdependence with the ecosystem. As Larry Graham articulates, “it is necessary, at least at the conceptual level, to recognize that the ministry of care needs to derive from and extend to care of the earth, no matter how indirectly.”⁵⁰³ The *fifth* dimension is growth in relation to the significant institutions or groups in one’s life. Individuals and relationships flourish best in a community and society whose groups and institutions support the growth principle mentioned above.⁵⁰⁴ People become effective agents of change in their communities and institutions when they feel free and empowered. Holistic soul care, Clinebell argues, requires awareness of and response to oppressive social dynamics, such as racism, sexism, heterosexism, ageism, political oppression, and classism and other forms of economic exploitation. To this end, the soul care movement has grown immensely as it has come to reflect cultural diversity. Soul care continues to aim at freeing, motivating, and empowering people to work with others to help create institutions that reflect wholeness, implying that they are open to nurture and growth in such areas as political and economic counseling, as well as personal and relational liberation.⁵⁰⁵ Through such “concretization” of the social dimensions of the lives of persons and communities, we increase the awareness of persons receiving care so that they are capable of understanding the root cause of what may seem to them to be only individual problems. Additionally, Clinebell says, it offers them a sense of what he refers to as “empowerment,” by helping them realize the potential strength they possess to effect change both for themselves and for the larger society. Holistic

⁵⁰³ Graham, 176.

⁵⁰⁴ Clinebell, *Growth Counseling*, 32.

⁵⁰⁵ *Ibid.*, 33.

soul care recommends that the institutions in our lives become sources of adventure, inquiry that stimulate growth and not forums for indoctrination.⁵⁰⁶

Finally, at least for Christians, the *sixth* dimension is deepening and vitalizing one's relationship with God, which is spiritual growth.⁵⁰⁷ We gain moments of spiritual healing and insights through what Abraham Maslow called "peak experiences,"⁵⁰⁸ transcendental experiences that are beyond the human imagination.⁵⁰⁹ Larry Graham summarizes the sixth dimension in these words:

It includes exploration of what persons believe about God and how they have experienced God in their lives. It includes any conversion experiences or other transforming and illuminating experiences. It involves the exploration of their devotional practices in relation to prayer, worship, and Bible study. It encompasses the meaning of the sacraments and their developmental history.⁵¹⁰

Clinebell argues that revitalization of our spirits realistically enhances our hopes, meanings, values, and relationships with God. Also, the meaning of our lives' purpose, the value of our choices, and the quality of our relationship with God are all fueled by the aliveness of our spirit. Thus, the spirit is the unifying bond of the other five dimensions.⁵¹¹

Chapter Summary

This chapter has argued that holistic treatment of trauma is more likely to satisfy the needs of those who suffer in body, mind, relationships, emotion and/or spirit. Thus in treating the trauma that children may experience, let us not forget the possibility that all dimensions of the person could have been affected in one way or another. We need to find ways to have all

⁵⁰⁶ Ibid., 32.

⁵⁰⁷ Ibid., 36.

⁵⁰⁸ *Encyclopedia of Psychology*, 2nd ed., s.v. "Peak Experiences" by T. Landsman.

⁵⁰⁹ Ibid.

⁵¹⁰ Graham, 194.

⁵¹¹ Howard Clinebell, *Growth Counseling*, 36.

dimensions of human experience —assessed and provided care. I am convinced that when we make serious progress toward this paradigm, soul care will be better appreciated by those in need of healing.

Having investigated the concept of holistic soul care, I will present in the next chapter a model for applying a holistic approach to care of traumatized children in Plateau State, Nigeria.

CHAPTER 7

HOLISTIC SOUL CARE TREATMENT FOR CHILDREN AND ADOLESCENT VICTIMS OF TRAUMA IN PLATEAU STATE, NIGERIA

Introduction

In the previous chapter I discussed the holistic method of treatment in some detail. This concept, as we discovered, calls for the treatment of every dimension of the person if complete healing is to be realized. When a person is affected by a physical ailment, such as a broken arm, a holistic approach to their healing would attend to that primary physical concern specifically, while also giving attention to the interconnected elements—any effect of the broken arm on emotions, mind, spirit, and the person's relationships. All of these dimensions can be affected by the presenting problem of the broken arm. Treatment is most effective when all dimensions of the human person are addressed.

This chapter is committed to envisioning what developing an HSCT program in my area of Nigeria would require. I will begin with a description of the structure of the program under the topic: *Organizational Logistics for HSCT in Plateau State, Nigeria*. This is followed by *Program Curriculum Intervention*, which describes the various therapeutic interventions to be used in the program. The next section describes the *12-Step Recovery Program for Victims of Traumatic Events*, which is an ongoing follow-up activity that will be offered at the schools. The section *Trauma Response Drill* discusses the importance of preparedness in the event of a traumatic occurrence, with focus on the roles of the leadership team and their responsibilities. Such preparedness will provide direction in the event of a traumatic event and help calm a chaotic environment.

Organizational Logistics for Holistic Soul Care Treatment in Plateau State, Nigeria

In considering the various dimensions of the HSCT program, it must be borne in mind that, though similar elements may have been used in other programs, nothing of the scope of HSCT has been attempted in this particular context. It is critical when there is no precedent, such as is the case in Plateau State, that leadership, supporting organizations, funding, and eligibility of participating children-adolescents be considered carefully.

Leadership

The nature of the program would necessitate leadership at various levels to enable implementation. The levels of leadership are: class-room teachers; program coordinators (a role I intend to play); the Girl's Brigade (GB); leaders of Capacitar exercises; professional psychologists and other mental health providers, such as psychology students from the University of Jos, Nigeria and The Education Board-Church of Christ in Nigeria

Since the program is offered in a school setting, teachers will serve as the first circle of leadership. They play a vital role because of their direct contact with the students. To help them effectively perform this role, they will be offered basic training workshops on trauma theories that are most appropriate for working with children and on Capacitar theory and exercises.

The second circle of leaders will be the program coordinators. This group will ensure an amicable execution of services by the various leadership circles. Their primary responsibility is to triage the leadership circles. In addition to prioritizing need, they will make sure that services are properly executed without conflict or duplication.

The third circle of leadership is the Girl's Brigade. This organ of the church originated from England and was instituted in the church soon after its establishment in Nigeria. This makes it one of the oldest programs in the COCIN church. The goal of the Girl's Brigade is to

train young girls to become God-fearing in their daily lives. An important part of its curriculum involves teaching its members how to nurture young girls in spiritual and social matters. They also help the girls to develop skills, such as knitting, cooking, and home economics. These are skills that would help them in domestic living later in life. Membership of the Girl's Brigade is reserved for girls from as young as 12 years to 25 years old. Older women play the leadership role in the Brigade. Though the Girls Brigade is unique in its approach, I feel that their group-like approach has some similarity with Capacitar for Kids. It is for this reason that I would like to have the GB leadership work closely with Capacitar staff in Nigeria. I believe the two will come to a common consensus. Along with their direct involvement with children, Capacitar staff and the GB leadership will also offer training seminars for the teachers. Such training prepares the teachers to intervene with the appropriate exercises at any time the students may need it.

Similarly, its male counterpart-the Boy's Brigade (BB)-would participate in this third circle of leadership as well. The Boy's Brigade junior section, which enrolls children 7-12 years old and is mostly led by women, it is therefore nearly identical with the Girl's Brigade. Through this collaborative effort the needs of the boys will also be met.

Since most intervention approaches will be group-oriented therapies, such as in Capacitar, there will be the need to provide one-on-one psychotherapeutic services for those children who suffer from such severe trauma that they may not be adequately treated in group therapy. The fourth leadership circle will offer this service. It will consist of professional counselors and psychotherapists from the community who are willing to volunteer their services on behalf of the children. And because of the scarcity of psychologists in Nigeria, this group will also have students of psychology from the University of Jos, Department of Psychology. Just as with Capacitar therapies, teachers must be willing to be trained in basic psychotherapeutic concepts

that relate to children and traumatic experiences. Such knowledge will allow them to make preliminary assessment of the children before the intervention of professional therapists.

The Education Board-Church of Christ in Nigeria (COCIN) is the body responsible for the management, organization, finances, and curriculum development for COCIN-owned schools. HSCT is intended to be applied in the schools, so this body will play a vital role in its implementation. A close dialogue between HSCT and the Education Board is very important if this program is to be accepted in the community. My position as a minister in this denomination should give me a place as an ad hoc member of the board as they deliberate on this subject.

Supporting Organizations

While any interested institution, organization, or individual sharing the vision of HSCT is welcome to be a part of it, I will particularly solicit the support of service clubs such as the Rotary and Lion's Clubs of Jos. Service clubs come with considerable experience in fund-raising and in organizing community events and community service. They also are equipped with professional expertise in various areas, some of which will be needed in the HSCT program. This is achieved when Club members reach out to non-member colleagues or friends to offer their services for an important cause that is being undertaken by the club. For instance, in its effort to eradicate polio worldwide from 1980-1990, there were many instances where members appealed to professional non-members of the club to volunteer their services. They were able to secure the services of doctors, nurses, and social workers to accomplish their goal. In like manner, as the program develops, service clubs willing to partner with HSCT in this endeavor could engage the professional expertise of its members or, through outreach by the members, professionals from the community could develop interest in the program. Thus, members of the service clubs willing to join in the HSCT will serve as the fourth leadership circle.

Funding

While the program will rely greatly on volunteer services from people of good will, certain aspects of the activities will need direct funding. For instance, some volunteer categories will need immediate financial help with transportation, as well as for the purchase of materials for therapeutic exercises. Drawing paper, crayons, and pencils are examples of material that will be required for art therapy, an intervention method that will be discussed in more details later. Fund-raising events could be organized by the supporting service clubs, as I have mentioned. Also, financial solicitations will be made to organizations, philanthropists and financial institutions, such as banks.

Eligible Children-Adolescents

Assuming consent of their parents or other primary caregivers, in light of the organizational structure and leadership just discussed, most of the children and adolescents participating in HSCT will be students in COCIN-owned primary and secondary schools in Plateau State, Nigeria. However, the program will welcome all children exposed to trauma and communal conflict who have demonstrated the need for the services of HSCT and have the consent of their primary caregivers. All children who decide to join the program will be expected to adhere to stipulated regulations, such as the school's policies and activities.

HSCT Curriculum

HSCT is a program that will meet the needs of children and adolescents through various intervention approaches that have been demonstrated to be effective with this age group. The curriculum will have three major treatment or preventative interventions: the Psychological First Aid, will precede the other interventions, because it helps determine what intervention should come next. The Healing seminars recommended are a number of intervention methods that have

been identified to be helpful in treating children and adolescents who experience trauma. Finally is the Trauma Response Drill, which will be conducted under the guidance of the Trauma Response Team.

Psychological First Aid Intervention

The Psychological First Aid Tool developed by Robert S. Pynoos and Kathi Nader is intended for immediate emotional relief for children exposed to traumatic events. It will be an appropriate intervention tool because it helps caregivers identify traumatic reactions such as fear, guilt, and anger as some of the most disabling effects of armed conflict on children. Besides creating emotional relief, another goal of the First Aid intervention is to create a conducive atmosphere for psychological services for affected victims.⁵¹² The creators of the First Aid tool recommend its application where there are large numbers of children, such as the school setting of HSCT. Teachers will be trained to use this intervention tool. For further details on this intervention tool, see the Treatment of Posttraumatic Stress in Children and Adolescents by Robert S. Pynoos and Kathi Nader in the *International Handbook on Traumatic Stress Syndromes*.⁵¹³

Healing Seminars

Storytelling as Therapy

For any meaningful therapeutic intervention to occur, there must be some self-expression by the child to help the therapist to succeed in offering their service. Unfortunately, many times, whether due to the magnitude of the trauma, or simply their inability to express themselves,

⁵¹² Robert S Pynoos and Kathi Nader, “Issues in the Treatment of Posttraumatic Stress in Children and Adolescents,” in *International Handbook on Traumatic Stress Syndromes*, ed. John P. Wilson and Beverley Raphael (New York: Plenum Press, 1993), 539-41.

⁵¹³ Ibid., 539.

some children are unable to communicate. To this end, storytelling has been demonstrated as an important means of therapy especially for “children not capable of articulating or expressing their feelings in any other way.”⁵¹⁴ Abraham Adu Berinyuu, in his discussion of a contextual approach to pastoral care in African contexts, describes storytelling as “part of the psychodynamic of everyday life in Africa.”⁵¹⁵

I envision this form of therapy to be of great value with HSCT in Plateau State Nigeria, because it is a culture where narrative as a means of communication is traditionally ingrained. Berinyuu, again referring to storytelling in African culture, states the purpose at times is to “convey or transmit history, or provide wisdom-moral guidance for formation of character.”⁵¹⁶ This therapeutic approach appropriately responds to the African corporate therapeutic practices such as the “palaver gatherings” I discussed in chapters four and six.

Employing this form of therapy in HSCT in Plateau State will be accomplished by gathering the children in small groups. They will then be given the opportunity to express their feelings by sharing their stories relative to the experiences or surrounding circumstances.

Intervention through Play and Drawing

Play and drawing have been observed by psychologists as a major form of psychological expression that assists in the psychotherapeutic process. Drawing is said to be “halfway between symbolic play and mental image.”⁵¹⁷ Pynoos and Nader, designers of Psychological First-Aid Therapy, state that by drawing, children open up avenues to mental representation of their traumatic feelings. Play and drawing, they contend, usually reveal the perceptual experiences

⁵¹⁴ Kocijan-Hercigonja, 169.

⁵¹⁵ Berinyuu, *Towards Theory and Practice of Pastoral Counseling in Africa*, 101.

⁵¹⁶ Ibid.

⁵¹⁷ Pynoos, 538.

that are embedded in the child. For this reason, play and drawing serve as open indicators of both the child's processing and the resolution of their traumatic experience.⁵¹⁸

In her work with children of war in Croatia, Dubravka Kocijan-Hercigonja reports that art therapy was the first form of intervention that helped the children proceed to other types of treatment. "Our foremost objective is to provide the child with an opportunity to express his or her feelings by drawing."⁵¹⁹ Hercigonja goes on to say that when the child speaks about the drawing, they are also speaking about themselves and the associated emotions. This form of therapy, she continues, will be important for children who are too shy to talk about their feelings, whether in group settings or in a one-on-one interview type format. Hercigonja says that drawing allows children to work alone while at the same time expressing the "associated emotions" mentioned above.

In my study of this subject, children's drawings in times of conflict have proved to be quite revealing of the child's emotional state. Employing this form of therapeutic intervention with children in the HSCT program in Plateau State, Nigeria will be a very important addition for helping the children express their feelings.

Capacitar Practices

We examined Capacitar wellness practices in some depth in chapter five. Based on insight gathered from that study, it is evident that with the help of trained personnel, Capacitar wellness practices can be applied to virtually all the dimensions of a holistic approach as we have been discussing. Thus, program leaders in HSCT will be able to avail themselves information

⁵¹⁸ Pynoos, 538.

⁵¹⁹ Kocijan-Hercigonja, 169.

from chapter five of this dissertation along with the Capacitar manuals--*Trauma Healing and Transformation* and *Capacitar for Kids*--as supporting resources.

Care for the Whole Child

This section continues by identifying treatment models that give particular attention to one or more of the holistic dimensions as we have identified them. I will take a serial approach and discuss one dimension at a time--healing of the body, mind, emotions, relationships (interpersonal and environmental), institutional responsibility, and spirit—along with treatment approaches considered especially effective in that dimension. Admittedly, the shortcoming with a serial approach to our discussion is that because of the holism of the human person, usually more than one dimension is affected by any given treatment approach. Meditation, for instance, is a therapeutic exercise that benefits virtually every dimension of the person. However, in the discussion that follows, I discuss meditation only in regards to the dimensions where it has been found to be most effective--mind, and spirit--even though it has effects on the others. Though addressing one dimension at a time does not adequately address the holistic approach, its simplicity is one way to teach those new to the healing concept of holism.

I address the body first, because its tangibility can increase transparency regarding the effects of trauma. Most of the other aspects of the total person find expression in the body; e.g., emotions and relationships. Larry Graham puts it in these words; “The body is the carrier of emotional life, as well as the foundation for our creativity and vitality.”⁵²⁰ The body is often the first to show signs of what, where and why treatment is needed in the other areas. For example, one of the first signs of stress is often a sick body, though stress affects the person in most of the

⁵²⁰ Graham, 192.

dimensions. HSCT interventions for treating the body will involve a number of approaches and exercises.

One approach to bodily well-being is to teach healthy lifestyle. Children and adolescents need help in evaluating their physical behaviors and determining if they are consistent with their values and a healthy lifestyle. When their values are in conflict with healthful lifestyle they need to be taught to align their behaviors with their values. The goal is to ensure that both the values and behaviors that shape their lives, especially those that bear upon the body, foster wellness and the distancing of sickness.⁵²¹ Physical exercise is another important intervention in the dimension of the body that, when reinforced an early age, could become a habit that will continue into adulthood, when the body needs it most. It is important that the exercises be regimented so that the value is not detrimental to the body due to inconsistencies of habit.⁵²² The children should be advised to set up weekly exercise schedules. To avoid boredom, it is always helpful to have a variety of exercises such as hiking, jogging, cycling, and swimming, so providing a broad spectrum of choice for children and adolescents. Healthy nutrition is another important way of keeping the body healthy. When healthy nutrition is a value instilled in children early in life, their eating habits and their effects on the body are more likely to remain healthy throughout life. In the Nigerian context, the children will be taught the importance of eating nutritionally healthy⁵²³ traditional foods that are locally grown and prepared.

Stress-reducing techniques are crucial for the wellness of the body. Besides being essential in the immediate aftermath of a traumatic experience, stress-reducing techniques, such as meditation and yoga, are beneficially applied throughout life, both when specific needs arise

⁵²¹ Clinebell, *Well Being*, 97-99.

⁵²² Ibid.79.

⁵²³ Clinebell, *Well Being*, 89.

and also as preventative measures. For children, laughter and play are naturally occurring activities that should be continuously encouraged in children, especially when life is particularly stressful or depressing.⁵²⁴ Unfortunately, these God-given qualities are not commonly incorporated into the healing process. But we do feel the de-stressing benefit of laughter and playfulness.⁵²⁵ Dr. Kathleen Greider puts it in these words, “Sometimes, humor is healing because it puts very difficult things in perspective.”⁵²⁶ Interaction with the natural environment is another form of stress reduction. Howard Clinebell encourages deliberate and positive engagement with the natural environment because such actions are reminders of our relationship to it. Exercises or hobbies in the form of gardening or planting could be taught as stress-relieving for the body, as well as satisfying and fulfilling for the mind.⁵²⁷ With this comes a feeling of positive accomplishment, which is itself gratifying and healing. As children in the early stages of their development are brought closer to the earth and their environment through activities such as gardening and orchard upkeep, it helps them envision alternative ways of living more meaningfully alongside nature in the future.⁵²⁸ As a means of reducing stress, adults have, for years, used various methods of relaxation, and recent studies have shown this to be very effective with children as well.⁵²⁹ James Humphrey argues that relaxation training helps children

⁵²⁴ Lee S. Berk, “Mind, Body, Spirit: Exploring the Mind, Body Spirit Connection through Research on Mirthful Laughter,” in *Spirituality, Health and Wholeness an Introductory Guide for Health Care Professionals*, ed. Siroj Sorajjakool and Henry Lamberton (New York: Haworth Press), 46.

⁵²⁵ Clinebell, *Well Being*, 161.

⁵²⁶ Greider, 275.

⁵²⁷ Clinebell, *Ecotherapy*, 221.

⁵²⁸ Trivieri, 36.

⁵²⁹ Judith Cohen, Anthony Mannarino, and Esther Deblinger, *Treating Trauma and Traumatic Grief in Children and Adolescents: A Clinician's Guide* (New York: Guilford Publications, 2006.), 75.

overcome aggressive, impulsive, and hyperactive behavior, particularly training that incorporates creative relaxation, mental practice, imagery, and game formats. This, he states, could be accomplished by a game-like approach that attracts the children's attention. To illustrate, Humphries describes an exercise in which a leader uses the phrase "Sarah says" to lead the children slowly through an exercise for head-to-toe physical relaxation. "Sarah says, try to make your eyebrows touch your hair...squeeze your eyes shut...wrinkle your nose...press your tongue against the roof of your mouth...lift your shoulders and try to touch your ears...bring your shoulders as far back as they will go...make your fist as tight as you can...show me your arm muscles...make your stomach as hard as you can, pull it way in...lift your legs and feet off the floor...press your knees together...press your ankles together...press your feet together against the floor..."⁵³⁰

Healing the mind is the second dimension we shall be investigating. Herbert Otto, recognizing that the human mind is underutilized, holds that holistic health gives the mind the ability to envision greater prospects,⁵³¹ Clinebell contends that holistic health helps the mind to explore its untapped resources. In other words, holistic soul care teaches that the room for mental improvement--enriching individual consciousness, releasing creative abilities and deepening insight--is endless.⁵³² The expansion of the intellectual and artistic horizons of the mind is one of the hallmarks of holistic soul care. Following are interventions that could help children and adolescents develop their minds to utilize these great capabilities to their fullest

⁵³⁰ James Humphrey, *Childhood Stress in Contemporary Society* (New York: Haworth Press, 200), 140-41.

⁵³¹ Herbert Otto, *Human Potentialities: The Challenges and Promise* (St. Louis: Warren H. Green, 1968), 3.

⁵³² Clinebell, *Well Being*, 69.

capacity, put the mind in a high performance mode. We shall be discussing meditation, Tai Chi, empowering the mind, empowering life, and creating a fitness plan.

Meditation, as I observed above, has always been thought of as an adult activity. Humphrey brings our attention to the importance of meditation in children. With the exception of the eastern cultures, children are rarely known to meditate. Some argue that the art is too advanced for a child to find significant benefit from it. However, according to Humphrey, research studies have confirmed that children do benefit significantly from meditation. In the following statement he refers to a study conducted by psychologists that indicates that meditation facilitates creativity in children.

Based on actual experience in teaching the science of meditation to children three to thirteen years of age, it [meditation] has been shown to help make group work with children peaceful, integrated, and meaningful. In addition, meditation assists children in resolving personal problems and stress. Moreover... meditation can be used successfully with gifted, mentally retarded, and average or hyperactive children.⁵³³

In other research it was verified that meditation improved children's learning, memory, grades and interpersonal relationships as well as cognitive and perceptual functioning.⁵³⁴

Humphrey recommends that to begin teaching meditation to children, the participant assumes a comfortable position in a quiet place. In this tranquil environment, concentration is facilitated. The participant should be careful not to assume a position that is too comfortable, that could lead to drowsiness. Should this occur, obviously it will defeat the purpose of the mediation. Thus in selecting one's physical situation and position, a person should ensure that they enhance concentration rather than diminish it, since concentration is the first goal of the exercise. Focused concentration could be done on one specific factor, e.g. an object, a sound, or a personal

⁵³³ Humphrey, 151.

⁵³⁴ Ibid., 153.

feeling. Distractions may come, but they go with continued attention on the subject of focus. Many people find it helpful to focus on an enjoyable event or activity. Others use a nonsense word or phrase; their lack of connotation avoids sending the user in associated directions. The most important point here is the assurance that one is stable and mentally centered on the process. Breathing rhythm is very important for concentration. To help accomplish this in the meditation process, participants could count the number of times they inhale or exhale, or the length of time they this, and this in itself is mentally relaxing as studies confirm.⁵³⁵

Another mind-enhancing practice is empowerment. One approach to this practice is to teach children to learn to take responsibility for their own health. Clinebell calls this developing “self-responsibility,” when individuals realize that they have a role to play in their own health. “Using whatever options you have in each life situation to choose to step in a constructive direction...self-responsibility is the opposite of a passive victim response.”⁵³⁶ Another form of empowering the mind is to build it, growing it with new and valuable information. This could be attained through reading exercises. The goal of reading exercises is to help children enjoy their minds through challenging, enriching, and adventurous information gathering. It is unfortunate that in this current entertainment age modern electronic gadgets have taken us away from enriching the mind through more challenging, exciting activities such as reading. I consider this one of the most important goals of HSCT; to empower the mind through reading challenging material empowers children to improve themselves.

A third dimension in a holistic approach is the emotions. Along with Capacitar treatment therapy, intervention in this dimension may likely involve traditional psychotherapy for more

⁵³⁵ Ibid., 150.

⁵³⁶ Clinebell, *Well Being*, 52

severe cases. This will be conducted on the school campus by a designated therapist, from among either the university students or professional therapists and counselors from the community. When a child is emotionally challenged due to a traumatic experience, there are several intervention techniques that could be applied.

Cognitive Behavioral Therapy (CBT) is one approach that can be used to empower a children to learn eventually how to engage their own emotions. Group therapy is a useful approach when there are many victims or few therapists, or when several victims have experienced the same or similar traumatic events. Generally, group therapy works for a large number of victims but there are usually a few clients who have been more severely affected by the traumatic activity for whom this intervention may not be as successful. For these, one-on-one individual therapy is recommended as a supplement.⁵³⁷

With children, play therapy is perhaps the most obvious and potentially effective intervention. Humphrey notes that play “allows them [children] the opportunity to communicate their fears without placing too much emphasis on verbalization.”⁵³⁸ Through the use of toys or through art, Humphrey observed that children are able to express their feelings, fantasies, and impulses. Usually, he says, the therapist personifies the toys as representing certain people or objects familiar to the child. Because of its non-interrogative approach, the child feels safer and thus self-expression is more possible. Humphrey goes on to say that therapists applying this model of therapy are able to determine how a child’s repetitive play relates to their traumatizing experience. They are also able to determine how a child’s behavior alongside their play indicates

⁵³⁷ Humphrey, 94.

⁵³⁸ Ibid., 84 .

the child's defenses. The therapist, he contends, is able to help the child to develop new coping possibilities which are usually articulated to the child in the therapeutic process.

Interpersonal relationship is a fourth dimension in a holistic approach. Interpersonal relationship is a central value in African cultural identity. Unfortunately, this dimension of holistic healing has become a controversial subject in times of conflict. In fact, it becomes one of the most difficult dimensions of the person to be truly established. This is so, because most children and adolescents in this context have been deeply hurt by the harshness of (mainly) adult actions. Therefore it becomes a serious challenge to gain their trust when it comes to teaching them the importance of establishing, maintaining, and repairing relationships. Some of them have witnessed relationships that once were cordial and harmonious but have become bitterly broken. Understandably, they have come to question the advantage or even the validity of relationships. It may be easier to help them first to initiate relationships with peers with whom they have shared a common traumatic experience, with the goal that as they become more grounded in the principle of relationships, they will eventually be led to associations outside their primary group.

Effective intervention in helping a child with regard to relationships could begin with understanding the background from which he/she comes. This could be achieved by an assessment of the child's family of origin. In many cases the family is the first social circle where relationships are forged. Program leaders in the first leadership circle-teachers will interview the children and adolescents individually to understand their family background. This helps them better intervene in issues the children present, especially when the children grow to understand that their position on the subject is important. For instance, a therapist might find out the family's attitude toward friendship with families of a different religion. What is their general

attitude about other faith communities, and how is that faith talked about among family members and the primary community? How has this influenced the child's attitude or impressions about people of these other faith groups? Determining how much the child knows about the traumatic conflicts that have occurred helps conceptualize how much the family knew and how much they discussed the trauma. This assessment approach is based on family-systems theory. It does not focus on the individual, but rather on the relationship between individuals within the family.⁵³⁹ In this situation, the observance of inter-familial relationship helps us better understand the child who is involved.

Going further, though, Pynoos and Nader recommend that family therapy be offered in programs seeking to care for children. They contend that child survivors of trauma often exhibit within family life symptoms such as irritability, recklessness, loss of interest in family affairs, or withdrawing themselves from the remaining family. The families of the victims have been observed to suffer a number of emotional stresses in reaction to the child's symptomatic response. Family emotions will range from shame, hurt, and frustration to discouragement, alienation, and feelings of helplessness. In such a context, family therapy will be used, in part, to validate the child's affective responses or struggles, rather than overlooking or dismissing them, which has been a common practice in Nigerian families. This, Pynoos and Nader continue, will help the child regain his or her sense of security. Also, family therapy in HSCT seeks to help the family address the secondary stresses that commonly increase when families are dealing with one or more family members in stress.⁵⁴⁰ They suggest that all family members of the child participate in this treatment therapy, because it is preferable that awareness and healing should be achieved

⁵³⁹ Karen Bardenstein, Robert Friedberg, and Jeremy Shapiro, *Child and Adolescent Therapy, Science and Art* (Hoboken, NJ: John Wiley, 2005), 168.

⁵⁴⁰ Pynoos, 544.

be achieved at roughly the same level among family members so that all are more or less aligned in the healing process.⁵⁴¹

In the Nigerian culture, after the family, the second most influential relationship and authority in the child's life is the faith community. Thus, the child's involvement in his/her religious community should be discussed with the child and family. A therapist does well to find out how religion has influenced the child's perception of relationships, perhaps especially with people outside of their own religious community. The types of teachings the child received at their place of worship need to be assessed⁵⁴²--how much has this colored the child's understanding and perceptions of relationships, especially with other faith groups? Understanding the family and the religious dynamics with the child as the central subject of study helps identify the child's direction in life on matters of tolerance.⁵⁴³ HSCT will develop a questionnaire that addresses these questions. This approach will be quicker in the collection of necessary information for therapeutic interventions.⁵⁴⁴

The group approach, Pynoos and Nader assert, creates an opportunity for the child to begin to realize the value of establishing relationships. For example, in the process of discussions within a group, they will discover that certain phobias the participants feel are not necessarily experienced by others in similar situations. When fears are overcome, a better atmosphere is created for understanding others and to build friendships with them. Adolescence

⁵⁴¹ Sandra B. Hutchison, *The Effects of and Interventions for Childhood Trauma from infancy Through Adolescence: Pain Unspeakable* (New York: Haworth, 2005), 102.

⁵⁴² Dalene F. Rogers, *Pastoral Care for Post-Traumatic Stress Disorder: Healing the Shattered Soul* (New York: Haworth Pastoral Press), 107.

⁵⁴³ Margaret V. Hill, et al., *Healing the Wounds of Trauma: How the Church Can Help*, rev. ed. (Nairobi: Paulines Publications Africa, 2007), 47.

⁵⁴⁴ Hutchison, 94.

is the period when peer relationships become a major influence on development; thus, they stand to gain much from group therapy. This interaction permits the opportunity to work through any temporary disturbance in peer relationships.⁵⁴⁵

Casual group activities also provide healing opportunities. The program-coordinators, the second leadership circle, should arrange for the children to attend sporting events, such as soccer matches, since such social activities could serve as instruments of bonding. I recommend professional games rather than the casual soccer matches commonly played in this area of Nigeria, most of which lack organization, quality and, in some cases, discipline. Professional games are better organized, and spectators have a greater sense of participation. After the children have watched the games, it would be good to organize a sporting event in which the children become the participants rather than the spectators. Another suggestion would be to organize a game in which the two opposing communities in their town form a joint team to face an opposing team from another town.

Relationship with the environment or the biosphere is a further dimension of holistic care that needs to be emphasized in this Nigerian context. Unless we develop a healthy, respectful, and interactive relationship with the natural environment, there will always be an abusive association in which the environment suffers.⁵⁴⁶ We discussed in previous chapters the consequences of our disregard for the biosphere or, more broadly, the "geobiologicalsphere," which includes the land, waters, and air. Holistic soul care calls for a liberating counseling construct that promotes our relationship with the biosphere through educational awareness of its

⁵⁴⁵ Pynoos, 544.

⁵⁴⁶ Graham, 175.

ecological significance to both our welfare and that of the environment.⁵⁴⁷ This liberating effect will not only be of benefit to the environment, but will produce a reciprocal gesture in which both dimensions stand to gain. Howard Clinebell gives another perspective, in which he asserts that by nurturing and interacting with the environment people become more whole physically, mentally, and spiritually. Also, by doing this, children and adolescents can learn to cherish more highly, and uphold, environmental values.⁵⁴⁸ Clinebell goes on to say that children and adolescents can be helped to understand how as individuals and as families we have contributed to the environmental problems and can also benefit from implementing environmentally protective behaviors.⁵⁴⁹ For example, Graham describes a partnership between members of professional organizations on an ecological issue that showed the “economic, ecological, personal, professional, and familial benefits...”⁵⁵⁰ that accrued from such a partnership.

The destruction of vegetation in Nigeria has been one of the most visible signs of ecological harm that we have witnessed in recent history. The cutting down of trees without planting replacements has been a common practice of the past fifty years or more.⁵⁵¹ In my last visit home in March 2010, it was clear that the destruction of the environment has reached alarming rates. The introduction of the chainsaw has escalated the downing of trees. My brother, who is a helicopter pilot, lamented what he has seen from the sky. He talks of forests on the plateau going at such a rate that, left unchecked, he estimates more than two-thirds of the land

⁵⁴⁷ Ibid.

⁵⁴⁸ Clinebell, *Ecotherapy*, 109.

⁵⁴⁹ Ibid., 179.

⁵⁵⁰ Graham, 179.

⁵⁵¹ Michael Jenkins, “Linking Communities, Forests, and Carbon,” in *Climate Change and Global Poverty: A Billion Lives in the Balance?* (Washington, DC: Brookings Institution Press, 2009), 88.

will be bare within the next five years. The consequences of such actions have led to a series of other harmful activities such as erosion of the land, weather changes, and the loss of animals and birds due to the loss of their habitats. At the same time, we learn from those who have been proactive towards environmental issues in other regions of the globe that change can come with eco-education for children in the HSCT program,. For example, in Zimbabwe, a church skillfully incorporated tree-planting as a major church ritual, giving it Eucharistic status.⁵⁵² The exercise has greater credibility when such honor is accorded the event.

A forum such as this offers an opportunity to teach courses on sustaining the environment, such as were developed by Wangari Maathai, founder of the Green Belt Movement in Kenya.⁵⁵³ She established a tree planting campaign after realizing the dangers of deforestation. More impressively, she used available resources at her disposal--the faithful rural women. The women were able to start their own tree nurseries, which led to the planting of twenty million trees. A further advantage to afforestation⁵⁵⁴ and reforestation is that they prevent soil erosion. Emulating this program with adolescents as a form of therapy is a win-win situation for the children, society, and the environment.⁵⁵⁵ These successful experiments from Eastern and Southern Africa found their roots in the people's culture; they did not introduce entirely new concepts. They used resources already available to accomplish their vision. Such programs among trauma victims could find that such ritual or cultural practices are complementary to trauma treatment that could be easily implemented as a treatment modality for the victims.

⁵⁵² Rosemary R. Ruether, *Integrating Ecofeminism, Globalization and World Religions* (Lanham, MD: Rowman and Littlefield, 2005), 101.

⁵⁵³ *Ibid.*, 103.

⁵⁵⁴ Tree planting, the contrast to deforestation: the cutting down.

⁵⁵⁵ Clinebell, *Ecotherapy*, 243.

Institutional responsibility is a dimension of a holistic approach to healing that, given the inter-community violence in Plateau State, Nigeria, is especially crucial to be addressed in HSCT. Clinebell suggests institutional responsibility as an important dimension in the development of the whole person. Institutional responsibility implies that as members of any institution, wellness implies that we strive to become positively proactive participants and not just passive members. This dimension may sound too much of an undertaking to be asked of children in the institutions closest to them--home, school, religious organizations, and peer groups. Yet when we look more closely, we see that through simple and careful passive resistance to wrong teachings, children also can become instruments of change. This may not be an easy task, considering what these children may have experienced. For example, the institutions to which they belong have, more likely than not, implanted negative impressions of other communities by way of what they have been taught. Some of the children may have been used as instruments of religious vandalism, such as the destruction of places of worship. It will take a concerted effort to help them become reconciled with their past and believe in themselves again before they take up the role as facilitators of change. At the same time, after they are equipped to address their own past, they can also be assisted to participate in the effort necessary to change their institutions.

For children and adolescents to become instruments of change, HSCT must begin with right teaching. Bigotry leads to exploitation of innocent minds that are used to execute destructive activities. Bigotry can be overcome through education. Children can be taught to become critical observers of what they see in the institutions to which they belong. As they understand the wickedness it engenders, children are more able to resist being exploited as tools for religious vandalism and instead learn to stand up to the system that has shown intolerance of

other faiths.⁵⁵⁶ They need help to know how to speak out against hateful teachings they believe are harmful to peaceful coexistence. It is far better that they learn to respect dialogue instead of fear-mongering. Such awareness could take them to the point of considering a face-to-face meeting with their peers on the other side of the religious divide. With careful preparation, including attention to safety, through such direct communication, without the presence of adults, children could begin to understand each other better, perhaps gradually discarding their fears of these supposed “enemies.” Such a forum that is free of adult prejudices could be an opportunity for them to forge a new and peaceful future. In dialogues with their peers in other religious communities, children and adolescents are helped to understand those with differing religious beliefs, these sensitive youth will, hopefully, discard long-held perceptions that are mostly false.

The sixth dimension of holistic care, the human spirit, is regarded as central to all other dimensions of the person. Clinebell affirms this statement when he says that all other human dimensions—body, mind, emotions, relationships, and institutional responsibility find a unifying bond in the spirit.⁵⁵⁷ Children need to be taught, early on, ideas and practices that enhance the spirit-dimension. Larry Trivieri describes prayer as the most common form of intervention that enhances the spirit. He notes that prayer, or repetitive spiritual phrases such as “Shalom” or “Hail Mary” have been observed to reduce the stress that we have noted takes a toll on the body.⁵⁵⁸ Prayers take many formats in different settings. Some believe in conventional prayer at religious shrines or buildings. For others, prayers are conducted through taking a mindful walk in a place of natural beauty. Yet for some, communal prayer is most profound.⁵⁵⁹ What matters

⁵⁵⁶ Hill, 93.

⁵⁵⁷ Clinebell, *Growth Counseling*, 36-37.

⁵⁵⁸ Trivieri,, 34.

⁵⁵⁹ Greider, 267 .

most is acknowledging all we have and being grateful for it, says Trivieri.⁵⁶⁰ James Humphrey recalls that until recently, in the 1960s, meditation was only viewed as an ancient spiritual art associated with religion. Though meditation today is used to address other dimensions of the person, it still remains very important to spiritual health. While meditation is an art that has significant promise for healing the spirit, it will not be discussed any further in this section because “meditation” was discussed earlier, under the dimension of the mind.

Notwithstanding the ecological destruction affecting the local area, another practice of HSCT that has implications for healing the human spirit is the close contact with the natural environment that children have. Speaking about nature and its connection with the human spirit, Clinebell states that “spiritual awakening and healing frequently results from encouraging encounters with lovely places in nature.”⁵⁶¹ Similarly, the natural environment offers one of the most visible manifestations of spirit, says Greider.⁵⁶² Trivieri argues that, spending time in nature, we are able to appreciate more the rhythm of life, including our own. Urbanized areas, he says, could prevent us from experiencing the balanced life, “Spending time in nature helps restore that balance, while also deepening our connection with Spirit.”⁵⁶³ When children in the Nigerian context are enabled to see the spiritual value of their interaction with the natural environment, which is abundantly available to them, this will give them a more meaningful perspective on the ecosystem.⁵⁶⁴ They will be more able to comprehend and value what is meant by environmental stewardship. Also, such activities in the natural environment could heal the human spirit by diverting temporarily the child’s attention from the traumatic hostile

⁵⁶⁰ Trivieri, 35.

⁵⁶¹ Clinebell, *Ecotherapy*, 109.

⁵⁶² Greider, 283.

⁵⁶³ Trivieri, 36.

⁵⁶⁴ Clinebell, *Well Being* 187.

environment around them. They begin to realize that there is much value in the simple and seemingly mundane.

Ritual practices are an important dimension of caring for the human spirit. Dalene Fuller Rogers articulates how symbolic practices such as healing rituals can help traumatized persons: “those who are healing from trauma and the resulting side effects, such as PTSD, may benefit from the use of some demonstrative and symbolic means of acknowledging the harm and celebrating the process of recovery.”⁵⁶⁵ She goes on to say that rituals such as worship and festivals are shown to be effective in the treatment of the troubled spirit.⁵⁶⁶ African culture is particularly endowed with a rich ritual heritage, most of which is expressed through ceremonies and festivals. Jabulani A. Nxumalo, testifies to the importance of ritual and the African culture, when an African pastor described the “laying on of hands as “helping their patients.”⁵⁶⁷ Another ritual, walking the labyrinth, has been used for healing the human spirit. The labyrinth has been described as a sacred space powerfully designed for healing of the spirit. Many walking this spiritual trajectory attest to its power, enabling the participants to feel a sense of oneness with one another, with nature, and with God. It is one of the rare rituals that can bind people of differing spiritual expressions together.⁵⁶⁸ Helen Houston describes the labyrinth as simple enough for a child to use, and powerful enough to bring change and healing. She goes on to say that it is a tool that can help traumatized children who have lost their sense of stability to regain

⁵⁶⁵ Rogers, 67.

⁵⁶⁶ Ibid.

⁵⁶⁷ Jabulani A. Nxumalo, “Pastoral Ministry and the African World-View,” in *Counseling and Pastoral Theology in the African Context* (Ibadan: Daystar Press, 1985), 39.

⁵⁶⁸ Helen Curry, *Way of the Labyrinth : A Powerful Meditation for Everyday Life* (East Rutherford, NJ: Penguin Group, 2000.), 7.

their focus.⁵⁶⁹ The music and dance that are part of many ritual practices also have potential for touching and healing the human spirit, as well as other dimension of the whole person. For example, dance therapy has been determined to be effective in helping people to deal with cognitive and emotional issues, enhance self-esteem and increase energy.⁵⁷⁰ Music and dance have been the most popular forms of therapy in the African cultures. Berinyuu describes the African dance as a form of therapy: “it may be viewed as an activity that may...evoke one’s emotions and energies to foster healing.”⁵⁷¹

Finally, given the trauma children and adolescents in this region have experienced, treatment for the human spirit must address forgiveness. Forgiveness is a major spiritual theme that comes with some controversy. Traumatic experiences, no matter their origin, carry with them a lot of anger from the victim. Victims question why this or that particular thing has happened to them. Those who believe in an almighty supernatural protector begin to wonder why a given traumatic event should have happened to anyone. They question why the so-called protector failed them at a time of their need. They become even more agitated when the perpetrator is identified, for victims feel the need for remorse and a plea for forgiveness from the perpetrator. Under normal circumstances, this is the way that things should be done that is, the perpetrator should seek forgiveness from the person they have harmed, before the victim offers it. Yet it rarely happens this way. In fact, the Nigerian legal system makes it difficult for culprits to ask for forgiveness from their victims even if they want to, because it will be construed as a legal admission of guilt on their part. Still, why should victims forgive without repentance on the part of the perpetrator?

⁵⁶⁹ Ibid., 104.

⁵⁷⁰ Trivieri, 122.

⁵⁷¹ Berinyuu, *Towards Theory and Practice of Pastoral Counseling in Africa*, 117.

Fuller addresses the importance of forgiveness when she states that it is difficult, if not impossible, for “full” healing to be achieved without the offended (victim) forgiving the offender (perpetrator).⁵⁷² Forgiveness, she says, is a complex process with benefits for body, mind and spirit. Forgiveness often is critical to the reestablishment of the victims, openness to relationships of any kind. Most important, even if the offender does not seek forgiveness, Fuller contends that forgiveness frees the victim from the perpetrator. She cautions that forgiveness of the offender should not be rushed. However, by the same token, anger stands in the way of total healing. Leaving it to fester for too long hurts the victim, not the perpetrator. Fuller articulates this well when she argues that healing is not fully achieved when a vendetta is being harbored and revenge sought.

If the individuals hold onto their anger, pain, hate, and desire for revenge, over time their hearts will harden. As time progresses, each missed opportunity to pursue forgiveness leaves a deepening, calloused scar that becomes less vulnerable to healing. An unhealed wound to the spirit leads to spiritual malaise and a deadened heart. Even when the injury seems too great initially to be able to offer forgiveness, one should at least venture toward healing and open the door to experiencing the transforming power of joy, love, laughter, gratitude, and peace.⁵⁷³

In an environment where anger and the desire for retaliation are high, and repentance of perpetrators rare, this spiritual approach, though difficult to accept, is certainly one way to accomplish real healing, peace, and true reconciliation. Thus, unpopular though it may sound, HSCT will promote work on forgiveness as a major part of its treatment. The possibility of forgiveness in the absence of perpetrators’ repentance is one of the unique aspects of holistic soul care. It promotes victims’ healing in the common situations in which perpetrators are unknown or show no remorse. It can foster healing at a deep level.

⁵⁷² Rogers, 38.

⁵⁷³ Ibid., 39.

*12-Step Recovery Program for Adolescent Victims of Traumatic Events*⁵⁷⁴

It has been demonstrated that the 12-Step spiritually-based recovery program is quite successful in the sobriety of many victims of alcohol and drug addiction. Similarly, Joel Osler Brende has developed a similar program with a focus on people that have survived traumatic events.⁵⁷⁵ Though professional counseling and psychotherapy had been and continues to be of great help to victims, experience from former victims of addiction have shown that this spiritually centered 12-Step approach is also an effective treatment model. When sensitively applied to meet the context of children-adolescents in Plateau state, Nigeria, Brende's approach can be a very useful part of HSCT. This intervention tool will help adolescent- age victims with chronic traumatic symptoms identified in chapter three. This part of the program will be led by the program-coordinators.

Brende's 12-Step model is built on five healing principles. They are: acknowledgment of the problem; seeking a solution; surrendering the problem or symptom; taking action, and entrusting the problem to a power beyond us through prayer to God, as individually understood.

Step 1: Power versus Victimization

*"We (admit) we were powerless over victimization and sought the help of a Good Higher Power (God, as individually understood), to gain power over ourselves."*⁵⁷⁶

The goal of this step is to help the victim focus on understanding and finding ways to gain power over the victimization that he or she has encountered as result of the traumatic experience. This feeling of victimization is evidenced by symptoms such as: a sense of

⁵⁷⁴ Joel Osler Brende, "A 12-Step Recovery Program for Victims of Traumatic Events," in *International Handbook on Traumatic Stress Syndromes*, ed. John P. Wilson and Beverley Raphael (New York: Plenum Press, 1993), 872-77.

⁵⁷⁵ Brende, 867.

⁵⁷⁶ Ibid.

meaninglessness, self-doubt and shame; uncontrollable outbursts and anger; recurring memories; frightening dreams, night terrors, panic, violent and suicidal thoughts; isolation from people as well as the use of power in destructive ways, including abusing, defrauding, or victimizing individuals, families, groups, or organizations. This step seeks victims' recognition of the ineffective ways they have sought to protect or defend themselves from further victimization. It seeks also to increase recognition that most of these attempts have resulted in isolation, emotional numbing, avoidance and aggressive retaliation, and even the victimization of others. Before such behavior becomes a perpetual habit, this step helps in breaking this kind of self-destructive victimization cycle.⁵⁷⁷

Step 2: Seeking Meaning

*"(We have) come to believe that a power greater than ourselves could help us find meaning."*⁵⁷⁸

Victims of traumatic experiences often describe losing a sense of meaning after the trauma, especially when it involves loss of life. It is true that meaning is hard to find under such painful circumstances. This step is to help the victims to search for meaning by sharing their experience with others, accepting their support and understanding, and listening to those who may have found meaning through their own traumatic experiences.

Step 3: Trust versus Shame and Doubt

*"Burdened with distrust, shame, and doubt, we made a decision to seek help of God, as we understood Him, in order to learn to trust."*⁵⁷⁹

⁵⁷⁷ Ibid., 872.

⁵⁷⁸ Ibid.

⁵⁷⁹ Ibid.

The purpose of this step is to help the victim regain the capacity to trust a select group of people, particularly those who want to help, and also learn to trust God and themselves. That feeling of abandonment or betrayal by people they have believed and trusted in the past may hold them from opening up to any other person. In fact they sometimes end up not even trusting themselves, as was mentioned earlier. This step helps break the circle of shame, doubt and distrust.⁵⁸⁰

Step 4: Self – Inventory

“(We Admit) to ourselves, another human being, and to God, our faults, and sought His help to accept our positive traits and change our negative ones.”⁵⁸¹

It is not uncommon for survivors of trauma to think that they are unable to survive unless they can master frightening situations, defeat their enemies, or save others. As trauma victims, they may repeat patterns that seem to re-live victimization through engaging in self-destructive behavior as a means of self-punishment. This action is often because of hidden traumatic secrets they are ashamed to reveal to themselves and to others. An opportunity to bring these secrets into the open can help to discover the truth about themselves. Such opportunity is presented in group feedback sessions when they hear the truth about who they are, which could help enhance trust and self-esteem. Hence they are able to accept their good qualities and change those which are negative.

Step 5: Anger

⁵⁸⁰ Ibid.

⁵⁸¹ Ibid., 873.

*“(We Seek) God’s help to understand anger, control its destructiveness, and channel it in constructive ways.”*⁵⁸²

Anger is a normal human emotion. Even anger that leads to homicidal rage is likely to be a normal response to life-threatening events. It is not surprising that people who have been repeatedly traumatized express anger as an automatic reaction when threat is perceived. For some, anger has become a habitual response to danger, replacing awareness and expression of other feelings, such as fear, guilt and grief.⁵⁸³ A person in this position has become a victim and not a survivor. Many sufferers of repeated trauma are aware of their anger, that if it is uncontrolled and unmanaged it could be frighteningly destructive and harmful both to themselves and to others. Those unable to express their anger suffer from passivity and the inability to be assertive. It is usually difficult for such people even to recognize they are angry until they explode.⁵⁸⁴ This step seeks to avoid the further harm done by such explosions.

Step 6: Fear

*“(We Seek) God’s help to relinquish ‘the wall’ around our emotions and His protective presence during moments of terror and risk.”*⁵⁸⁵

Many survivors of trauma experience terror and panic but cannot explain why. Such fear can become repetitive to the point that it becomes paralyzing, inhibiting normal function. At the other extreme are those who have experienced the fear of trauma to the point that they claim feeling unafraid.⁵⁸⁶ When this happens, the person has created what Joel Osler Brende terms a “wall” erected around their emotions. Usually, this results in isolation, distrust and numbing of

⁵⁸² Ibid.

⁵⁸³ Ibid.

⁵⁸⁴ Ibid.

⁵⁸⁵ Ibid., 874.

⁵⁸⁶ Ibid.

feelings. Brende also adds that when emotional numbness continues, the victims may, in search of feeling an “adrenalin rush,” take dangerous risks. This step helps to break the circle of victimization of blocked fears and emotions.⁵⁸⁷

Step 7: Guilt

“(We Seek) God’s help to face guilt, to make amends when possible, to accept His forgiveness, and to forgive ourselves.”⁵⁸⁸

This step focuses on understanding guilt and seeking ways to avoid the destructive consequences arising from guilt. Guilt is painful. Repetitive horrifying or guilt-ridden thoughts, dreams, or images can be unbearable for survivors. Also included among symptoms may be physical illness, and suicidal wishes. Survivor guilt, according to Brende, has been observed to be pervasive and self-destructive, particularly when one or more persons were injured or died. Guilt and shame may also be associated with the survivor having been abandoned or betrayed. It is common for survivors with guilt feelings to avoid becoming aware of them. Brende views such actions as leading to spiritual consequences and feelings of victimization, which increases an already unhealthy situation.⁵⁸⁹ The goal of this step is to seek resolution through forgiveness so that the survivor can be freed from the burden of continued guilt and bondage to self and others.

Step 8: Grief

⁵⁸⁷ Ibid.

⁵⁸⁸ Ibid.

⁵⁸⁹ Ibid., 875.

*“(We Seek) God’s help to grieve those we have lost, face our painful memories and emotions, and let our tears heal our sorrows.”*⁵⁹⁰

The focus of this step is to help survivors of trauma to be able to progress in the process of grieving. Grief is a normal response to loss. Loss includes a wide range of experiences, whether the loss is that of a friend or loved one by death, a relationship, a job, a pet, or health. Other forms of loss could include that of a leader, or a national figure. Even the loss of values and self-esteem are losses that could have a negative effect on our lives. Grief can be accompanied with much emotion, and in some cases, these emotions can be numbed by the severity of the loss. Anger, depression, crying, or overwhelming intrusive memories could block our ability to function normally. All these phenomena are normal responses to loss. However, it is imperative that the grieving process be fully engaged, otherwise there are likely to be negative consequences. Brende reminds us that failure to observe and deal with the grieving process can lead to unresolved emotional pain, emotional numbing, unresolved grief, unresolved anger, painful reminders, and depression. Working with grief can prevent traumatized persons from becoming captive to the victimization of their past and enable the person to move forward.⁵⁹¹

Step 9: Life versus Death

“(We Reveal) to God and someone we trusted all remaining self-destructive wishes and, with His help, made a commitment to life.”

This theme is aimed at helping the survivors gain freedom from self-destructive wishes and behavior. Emphasis is placed on helping them face the hopelessness, guilt, or self-directed anger which blocks them from embracing life. Brende states that “fear, guilt, grief, and rage” are

⁵⁹⁰ Ibid.

⁵⁹¹ Ibid.

normal responses to survival from traumatic events.⁵⁹² However, when they persist unchecked, they can lead to depression. If they continue to be left unchecked, they can even lead to suicidal thoughts or death from indirect methods.⁵⁹³ Victims in this situation may feel facing death as easier than facing life, Brende states, especially when they feel they have a “just cause” to die for. This step helps break this suicidal anger from these victims.

Step 10: Justice versus Revenge

“(We Seek) God’s help to pursue the cause of justice, to gain freedom from revengeful wishes and plans, and for a desire to be channels of God’s forgiveness to those we once hated.”⁵⁹⁴

Brende reports that trauma survivors naturally harbor homicidal tendencies in reaction to what they have experienced. This step is to help victims gain freedom from destructive wishes for revenge and face the hatred, bitterness, and relentless anger which victimizes them and blocks them from achieving true justice. The call to forgive may seem impossible to achieve, because hatred is much easier than living in peace and love, particularly if life has no purpose beyond achieving “vengeance.”⁵⁹⁵ The difference between achieving justice and revenge is that justice is the basis of love, peace, and freedom from ourselves and those with whom we live. Brende goes on to explain that although revenge may bring temporary relief, this ultimately, becomes the basis for repeated hatred and destruction. When victims harbor feelings and thoughts of revenge that are buried in their minds, and if they have what Brende terms a mental “blue-print,” to kill someone, they need help.

Step 11: Finding a Purpose

⁵⁹² Ibid.

⁵⁹³ Ibid.

⁵⁹⁴ Ibid., 876.

⁵⁹⁵ Ibid.

“(We Seek) Knowledge and direction from God and surrender ourselves to His leadership in order to find a renewed purpose for ourselves.”

The last ten steps have shown us that the victim can begin to experience freedom from some of the negative experiences of victimization, such as meaninglessness, distrust, shame, rage, terror, guilt, grief, suicidal desires, hatred, and isolation. Ironically, this freedom results from acknowledging, seeking, surrendering, and taking action to change old ways.⁵⁹⁶ Thus, this step emphasizes helping the survivor find a new purpose in his or her life.

Step 12: Love and Relationships

“(We Seek) God’s love in our lives, (renew) our commitment to friends and family, loved those we (find) difficult to love, and (help) those who have been victims as we once were.”

This step presents us with helpful instruction and practices that will help the victim to move forward and not falter. It helps the person to remain free from self-centeredness and the tendency to slip back into meaninglessness and victimization. This is mostly accomplished by learning to love and help others. The spiritual awakening learned in the first 11 steps are easier attained through practice with others.⁵⁹⁷ It is not surprising, however, to have lingering blocks that still prevent the victim from helping others. It is important that those blocks are removed to enable the person accept the love of God, friends and family.

Building this foundation of loving relationships involves persons opening themselves up to God’s love, renewing their commitment to family and friends whose love might have been taken for granted, and perhaps also trying to revive relationships that have died from neglect. As the

⁵⁹⁶ Ibid.

⁵⁹⁷ Ibid., 877.

survivor lives with an increased experience and attitude of love, the message of recovery can be conveyed to other survivors and victims who remain in the bondage of victimization patterns.⁵⁹⁸

Trauma Response Team⁵⁹⁹

As we established in chapter two, communal conflicts can erupt suddenly. Because of their unexpected nature, it is critical to stay prepared at all times in the event a conflict erupts. To help accomplish this, trauma response drills are an important aspect of HSCT. This preparedness is achieved with the guidance of a trauma response team. The Trauma Response Team (TRT) is a standing committee made up of designated staff on the school campus. Their responsibility is to ensure an adequate response that will ameliorate a crisis situation. The team helps prevent the crisis from developing into chaos. The effectiveness of this team can be measured by how successfully it conducts regular trauma response drills. It is imperative that such preparation practices are performed consistently to keep the team alert and ready at all times. The following outline articulates crucial elements of preparedness on the part of the TRT.

- a. Agree as to who should be in charge during a traumatic incident. It is important that this decision be informed by the availability of the person. Though the headmaster may be suitable for the leadership position, if it happens that he/she is frequently at headquarters attending meetings with top administration, it might be important to reconsider who should hold such a position. If it is necessary, however, to have the headmaster as the leader, it will be important to work closely with the assistant headmaster in understanding the duties of the position. This is to ensure a seamless alternate leadership in the absence of the headmaster.

⁵⁹⁸ Ibid.

⁵⁹⁹ Hutchison, 98.

- b. Draw out a clear response plan before a traumatic incident strikes. Developing such a plan when things are calm fosters intelligent, easier, and clearer decision-making, as it allows room to develop a variety of options that could be applied when a crisis hits.
- c. Ensure that the plan developed is consistent and easy to follow, especially planning for the possibility that some TRT members will not be on the school grounds when the crisis hits.
- d. The proper involvement of teachers is important to the successful implementation of such a program in times of crisis. It is therefore important to prepare complete and consistent policies for teachers that will guide their involvement.
- e. Teachers and other staff should be made aware of what to expect during a traumatic incident..
- f. Put together a logistical plan that involves soliciting support from local professional organizations such as the police department and physicians from the university of Jos, the teaching hospital, and private-practice medical organizations.
- g. Review the plan periodically and hold occasional drills to test its effective implementation.

In addition to these plans, specific leaders and TRT members will have specific job descriptions.

Duties of the Headmaster

- a. Maintain a high profile
- b. Ensure ongoing communication with the local Government Education Department
- c. Mobilize TRT
- d. Keep immediately available at all times a list of the day and night phone numbers of TRT members

- e. Identify at-risk students and teachers
- f. Orient teachers as to how to respond to questions concerning the incident
- g. Choose capable persons who will represent the school with families of victims
- h. Decide on best ways to address parents' concerns and questions
- i. Decide on how and what to share with the media
- j. Plan on visitations to the families of victims, either at the hospitals or at the homes
- k. Inform teachers and students whether or not the school will be closed down because of the incident.
- l. Control rumor-mongering by keeping all parties involved, that is, staff and students, immediately informed on all new developments.
- m. Ensure that adequate arrangements are made for crowd control

Duties of the Assistant Headmaster

- a. Assist the headmaster with administrative duties related to the traumatic incident
- b. Be available for response to the headmaster's requests, should there be the need
- c. In the absence of the headmaster, take charge of the situation

Duties of the First-Aid Staff

- a. Arrange for help from a nearby clinic from a trained nurse
- b. Assist with administration of Cardiopulmonary Resuscitation (CPR) as needed
- c. Arrange for the transportation of victims to medical facilities

Duties of the Counseling Professionals (Guidance Counselor, School Social Worker, or School Psychologist)

- a. Arrange and coordinate counseling activities for victims, serve as liaison between the school and the mental health system

- b. Take note of the more vulnerable students, making sure to they contact the families as soon as possible.
- c. Be prepared to identify reactions to trauma that are developmentally-based
- d. Get help from outside the school, especially from the institutions of higher learning, that offer courses in mental health (University of Jos; Theological College of Northern Nigeria; JETS Seminary)
- e. Obtain from teachers a list of those students that have requested counseling services
- f. Plan survivors' return to school after hospitalization

Duties of Lead Teacher

Mediate between the teachers and school administration

Duties of the Security Officer

Plan for the protection of everyone involved by providing safety instructions and ensuring compliance with instructions.

Debriefing Crises

If there is a critical incident, it is necessary that the TRT be engaged in a conversation in which the TRT members can talk with one another about their experience of the incident, the effectiveness of the TRT, and their plans for response to any future crises. The outline that follows is taken in a modified from the *International Handbook of Traumatic Stress Syndrome*⁶⁰⁰

⁶⁰⁰ Jeffrey T. Mitchell and Atle Dygreov, "Traumatic Stress in Disaster Workers and Emergency Personnel: Prevention and Intervention," in *International Handbook of Traumatic Stress Syndromes*, ed. John P. Wilson and Beverly Raphael (New York: Plenum Press, 1993), 905.

and *Effects of Interventions for Childhood Trauma from Infancy through Adolescence*⁶⁰¹ to fit into a Nigerian school setting.

a. Introduction and Setting up Ground Rules

- The debriefing team is introduced to one another
- Participants are informed on what the debriefing process means. They are particularly told of the process not being a psychotherapy session but a discussion with psychotherapeutic elements
- Members of the group are encouraged to participate in the discussions, but they are not required to speak if they do not feel ready

b. Facts

- The goal is to clarify facts related to the incident
- Participants are asked to give a description of their observation of what happened during the incident

c. Subjective Thoughts about the Incident

- The goal is to help all involved to relate to the situation to the point that they develop their own impression of the problem
- Members are asked to personalize the experience by speaking of the incident from their own perspective

d. Discussion of Emotions and Reactions to the Incident

- Participants discuss emotions that are associated with the event

⁶⁰¹ Hutchison, 119-25.

- Typically they are expected to discuss the worst part of the event and what it meant to them personally.

e. Review of Signs and Symptoms of Distress

- The goal is to assist members of the TRT to assess their own level of distress at the time of the incident and at the time of the debriefing
- Determine if any symptoms are worsening or improving
- Address symptoms from the major symptom groups: cognitive, physical, emotional, behavioral and spiritual symptoms

f. Education

- Participants are taught about posttraumatic stress reactions that might result from the incident
- Participants are taught techniques that may help reduce acute stress symptoms

g. Conclusion

- Participants ask questions at this stage
- Participants present any new issues that might have arisen in the course of debriefing
- Participants discuss any issues brought up in the debriefing process that may need additional attention after the debriefing
- A summary statement of the debriefing session is made⁶⁰²

⁶⁰² Mitchell, 905-14.

Chapter Summary

This chapter elucidates the application of HSCT in Plateau State, Nigeria. First was an overview of the organizational running of the program. We saw that the leadership is designed to be applied at various levels in what were named “leadership circles.” The first leadership circle is comprised of the teachers, who are closest to the children. This is followed by the second circle, the program coordinators. This is the first point of contact with school faculty, should the need arise. This second leadership circle also will triage between the school and the remaining leadership circles. The Capacitar trainers and the Girl’s Brigade of Nigeria, Plateau State chapter, will make up this leadership group. The fourth leadership circle is responsible for the one-on-one psychotherapeutic and other “formal” interventions for children with more severe cases of trauma. This group will primarily be students from the University of Jos department of psychology and professional counselors and psychotherapists from within the community.

The three aspects of the program curriculum were discussed. First is the psychological First Aid, an initial assessment process performed by the teachers. A second aspect is the Healing Seminars, which are therapeutic exercises that will be performed mainly in groups. The third aspect of the curriculum is the Trauma Response Team, dedicated to ensuring that the school is prepared to provide trauma-relieving intervention in the event of a crisis.

In the course of a traumatic encounter, many issues can arise for the child as a result of the experience. I believe that since all aspects of the person will be addressed in these intervention processes, HSCT will have the opportunity to help many children traumatized by violent conflicts by offering them the opportunity to heal, holistically.

CHAPTER 8

DISSERTATION SUMMARY

Introduction

This dissertation has presented a Holistic Soul Care Treatment for children and adolescents who are caught in the midst of communal conflicts in Plateau State, Nigeria. The objective of the program is to ameliorate the destructive traumatic effects of these conflicts on both children and adolescents. At the beginning of this dissertation, I emphasized the importance of understanding the history, persistence, and nature of traumatic events in Nigeria. This assertion was confirmed when in the very process of my work on this project, two major conflicts occurred; the first in November of 2008 and the second in July 2009. The first was a religious conflict between Christians and Muslims in the city of Jos. The second was when the “Boko Haram” Islamic sect went on a killing rampage as its members called for elimination of Western education and the imposition of Islamic law across the country.⁶⁰³ An estimated 1,500 people were killed in these two clashes.

In coming to a final word, I can say that, for me, study in this area of holistic care has been motivated by two realities, both of which touch deeply on my own life. One is that as a Christian minister among my own people, I have seen the need to reach into deeper areas of care for children and adolescents. These concerns have never been introduced into the thinking and training of African pastors in the region of Jos, Plateau State, Nigeria. Secondly, the extensive work I have already done in soul care has shown me that recitation from scripture and the

⁶⁰³ Wikipedia contributors, "Boko Haram," *Wikipedia, The Free Encyclopedia*, http://en.wikipedia.org/w/index.php?title=Boko_Haram&oldid=326509450 (accessed December 21, 2009).

practice of prayer alone is not enough. Children and adolescents need far more tangible and objective means of reaching into their fears and insecurities, especially after a traumatic experience.

Defining the terms “children and adolescents” is admittedly complex, since the age boundaries vary significantly even among psychologists. In this dissertation I have chosen to work with those who are in the age range from nine to eighteen. This best represents the age group that will most likely benefit from this program in the context of this study.

Chapter Review

The first chapter of the dissertation was an introduction of the project, stating the project’s thesis and the problem addressed. The chapter gave a brief outline of the chapters and the research method used. It identified the intended audience for the dissertation along with the goal of the project.

In the second chapter, I presented an historical analysis of various conflicts in Nigeria from the pre-colonial period to the present. The chapter investigated the background to these conflicts that have continued to plague the country. It identified the regional divisions that are the basis for the perpetuation of the conflicts. I went on to explain how the drawing up of these regions along ethnic lines encouraged ethnocentrism which, in turn, further intensified divisions that had already been caused by the regional divisions. I also discussed efforts made by successive governments to diffuse the tensions caused by the original regional divisions of the country. For instance, one such exercise was the breaking up of the regions by creating states. Unfortunately, the regional divisions seem to have established an indelible stain on the political and social landscape of the country. I have investigated the civil crisis that erupted in one of the regions, which was eventually followed by the Nigerian Civil War. The end of the Civil War

was marked by an increase in armed robbery. Those found guilty of the offense were publicly executed. The execution grounds were open to everyone, regardless of age. This meant that children were allowed to observe these traumatic events. The chapter goes on to investigate the religious conflicts of the 1980s that have continued up to the present. The 1980s mark the rise of open religious conflicts that have continued with varying degrees of intensity and violence. Most often these have been conflicts between Christians and Muslims in the “Middle Belt” region. Besides religious conflicts, I also investigated local ethnic uprisings that were rampant in the 1990s. The oil-rich Delta region provided another crisis that has attracted international attention because of the valued commodity – oil—that provides power to those who are in control of the region. The purpose for referencing these recent crises is to give a sense of the way trauma has become endemic in the Nigerian society and to show the effects that such violence has had on children who have grown up under these conditions.

The third chapter investigated the effects that communal war and (inter-ethnic) conflicts have on children. In a short introductory discourse, I drew attention to the dangers of war, showing how the world community at one time or another has viewed the dangers of war; I stressed the importance of intervention in the form of setting up rules for war that will help mitigate brutalities during event of conflict. One such intervention included UNICEF, an organ of the United Nations, which was set up specifically to help reduce the plight of children in time of war, and the eventual establishment of the broader Geneva Convention. Next, I gave a historical account of the recognition of trauma as a clinical disorder that can be devastating to children. This is particularly important because of the limited understanding among Nigerian people of the detrimental effects of trauma on the human psyche. The chapter discussed children’s physical, emotional, social, and cognitive reaction to traumatic activities. I then

presented age-specific reactions of children when affected by a traumatic event. Because I believe adolescence is the age group that will most benefit from this study, I briefly discussed the complexity of the age group as a traumatic stage of development. The chapter outlined the social implications of traumatic activity on the child and the consequences that follow. I then reviewed the clinical disorders that tend to result from conflict: Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD). Finally, using Erikson's Identity Development Theory, the chapter dealt with the possible consequences of childhood trauma in adulthood.

The fourth chapter of the dissertation investigated the possible impediments that this treatment program will encounter in the intended context of the HSCT model to be implemented—Nigeria. The most prominent of these likely blockages is the lack of awareness of the real consequences psychological trauma can inflict on the human psyche and the immediate or later effects these consequences carry for the victims. This disregard and unconcern for the effect of trauma on children is, unfortunately, an expected response in Nigerian culture. The common assumption is that children overcome traumatic encounters quickly because they are, by nature, resilient. Later in the chapter, I briefly revisited reactions of skeptics who resisted earlier studies, completed in the Western world, on the effects and dangers of traumatic activity on the human psyche. This skepticism will in all likelihood be the kind of response Nigerian society will give to work of this kind. I presented a number of suggestions that can help improved the chances for acceptance of this project in light of this debilitating social and practical interventions needed to assist in curbing the danger of initial resistance. The chapter also investigated cultural issues that could cause problems in the establishment of this program. I reviewed some of the Western-type therapeutic approaches that could be in conflict with African traditional culture and practices, and I offered adjustments that need to be made on

both sides for successful program implementation. Further, I showed why understanding the worldviews that are represented by the context will be critical to bringing two very differing cultures together. The importance of language as a likely communication handicap cannot be overemphasized, considering the overwhelming number of languages that are spoken in Nigeria. Generally speaking, I suggest caution and patience in the application of this important therapeutic tool in this society. My experience reminds me that this society hardly accepts these linguistic factors as a hindrance to an effective intervention process.

In the fifth chapter, I discussed Capacitar treatment exercises. I began with a short history of the Capacitar program, how it was established for the benefit of those that have little or no access to, or affinity with, Western psychotherapy. I demonstrated how Capacitar uses mostly ancient practices along with a few modern therapeutic intervention approaches from various cultures. Capacitar ensures that these therapeutic exercises are holistic. Besides healing for individuals, some of its exercises are designed for healing of communities, making its holism attentive not only to the person but to the relational environment in which Nigerian children and adolescents are immersed. In the chapter, I presented ten intervention approaches used by Capacitar, after which I discussed "Capacitar for Kids," a program designed by Capacitar for use specifically with children. I devoted extensive time to description of the Capacitar practices that I envision will be most beneficial to the children and adolescents for whom HSCT is designed. Using participant questionnaire responses gathered at a Capacitar project conducted in Nigeria, I was able to show how this program will be beneficial in the Nigerian context. At the end of the chapter, I presented Paulo Freire's Popular Education theory which is used by Capacitar as an efficient and cost-effective way of reaching out to the society.

In chapter six, I discussed a holistic approach to soul care with traumatized children. I began with a definition of holistic health care. I then discussed the importance of this holistic treatment method, considering the popularity it has gained in the past fifteen to twenty years. I continued by addressing the various dimensions of the human being, holistically conceived: body, emotions, mind, spirit and relationships, both interpersonal and environmental. I explained the historical connection of holistic health care and soul care. This connection, I pointed out, was demonstrated by the ministry of Jesus, the Person whose exemplary life led to the founding of the Christian faith. I showed how he addressed all dimensions of the human—body, mind, spirit, relationship and emotions. —in his treatment of the people he healed. Then follows a discussion of the connections between contemporary soul care and the concept of holistic well-being, where I interacted with the work of leaders in the pastoral care movement, especially the work of Howard Clinebell, Jr., who was a pioneer in advocating for a holistic soul care approach.

In the seventh chapter, I described in some detail how the theory and praxis I discussed in chapters three through six will be part of the HSCT. I began the chapter with an explanation of the organizational settings of the program in Nigeria. I showed the leadership structure and recommended a Christian school as the place of start-up for the pilot program. Also, I discussed my vision of the participating agencies, funding sources, and program curriculum. In discussing the curriculum, I noted three subdivisions: Healing Workshops, a 12-Step Trauma Recovery Program, and a Trauma Response Team. The first section, Healing Workshops, outlines intervention approaches that will be applied for children in a school setting. It begins with a psychological first-aid intervention that is designed to reduce emotional tensions immediately after a traumatic event has occurred. I then discussed two important therapeutic exercises for children: storytelling, and play and art. Capacitar and other treatment interventions are the next

approaches I suggested. In this section of the curriculum, Capacitar as well as the other therapies will confidently address all dimensions of body, mind, emotions, spirit, and relationships. I then discussed the 12-Step program and its appropriateness for the adolescents in HSCT. I expect that this will be a long-term commitment and a continuing activity for adolescents who have recurrent trauma issues. This approach will assist them in healing through this “group-spiritual” approach. Finally, I recommended the Trauma Response Team. This group is important in the sense that it keeps the community prepared for any traumatic event that might occur. Using periodic drill preparedness exercises, the children are involved in a practice that will help control stress levels in the event of a traumatic event.

Future Research

Making HSCT Eclectic

Initially, my plan was for this dissertation to be religiously eclectic, since communal conflicts in Nigeria are predominantly religiously rooted. As I gathered research material for this work it became increasingly clear to me that my original plan was beyond the scope of this project. This, however, still remains my future desire, that either I or someone else will do the research and revision needed to change this program, from one designed to serve one religious community to one that can serve children from *all* religious communities. Earlier I mentioned that I planned for this program to be established in a school setting. Since COCIN Church education policy does not discriminate in student admission, the participants in the program will, to that extent, be religiously diverse; children from other religious persuasions could be enrolled in the school. However, because of its Christian proprietorship, the student representation will be overwhelmingly of the Christian tradition. My future goal is that the program be introduced

in government schools where the student representation is more reflective of the religiously diverse society of Nigeria.

Program for Multiple Settings

I have designed this particular program to be established in a school setting. In the future I would like to develop a program that can be implemented in multiple settings. Religious institutions, even in hamlets and small communities, should be considered in the future. These are areas that should be covered; the wider the circle the program reaches, the greater the number of children that will be helped.

Reaching out to Adults, and an Adult Program

It is important that adults are fully supportive of the program. I would like to see a future project that will engage strong adult support and involvement. This is important because the communal conflicts that traumatize Nigerian children are initiated by adults. Adult involvement, I believe, will help them to realize the consequences of their actions for children. I would consider applying the African Palaver discourse suggested by Ma Mpolo as a convenient and traditional means to reaching consensus.⁶⁰⁴ I feel certain that using this method will appeal to adults of differing faith communities, giving them opportunities to dialogue openly and freely.

In the future I would like to see that consideration is given toward establishing a HSCT that is designed to meet the needs of adults. It is my belief that by establishing and running the two programs simultaneously a far greater sense of healing and well-being will be experienced.

Greater Involvement of the Girl's Brigade

⁶⁰⁴ Masamba ma Mpolo, "Perspectives on African Pastoral Counseling," in *Counseling and Pastoral Theology in the African Context*, ed. Masamba ma Mpolo and Wilhelmina Kalu, (Nairobi: Uzima Press, 1985), 6.

In the future I would like to see greater involvement of the Girl's Brigade in a program like the HSCT. This organization is as old as COCIN. The object of the Brigade is to help young girls grow up with Christian values and be disciplined and responsible to society. Additionally, the Girl's Brigade has a program that serves the needs of children. I also suggest that, in the future, Girl's Brigade be used to incorporate *Capacitar for Kids* therapies as part of its children's program. If the Girl's Brigade is equipped with such skills, they will become more effective in their services to the community. They will also then become a more viable resource for the church community.

Capacitar and African Practices

Though this is out of my purview, I would like to see the Capacitar organization in Nigeria introduce African traditional healing practices into its curriculum. Currently, all Capacitar practices in their manuals are from Asia, South America, and Europe. If the Capacitar organization would choose to introduce healing exercises that are representative of the African tradition it could only strengthen its appeal in this society.

Keeping Hope Alive

In my study of this subject, trauma, I have come to realize the severity of this condition, especially its destruction of potential in victims. Added to this misfortune is African society's nonchalant response towards victims of this predicament. Children of trauma suffer double jeopardy when they stand to lose a whole future that is ahead of them. I believe that the one virtue most needed by Nigerian children and adolescents is the reestablishment of their hope that they may be able to function productively again. Consequently, in the concluding note on this program of Holistic Soul Care Treatment (HSCT), I would like to make one final observation

that pertains to trauma and its treatment: This has to do with how and where treatment attention needs to be directed when it comes to addressing trauma victims, especially children.

One category for the diagnosis of PTSD is that the victims experience “a sense of foreshortened future; e.g., (the person) does not expect...a normal life span.”⁶⁰⁵ They do not feel that anything positive will come their way again. Their life’s journey seems to have suddenly come to an end. This could also be described as a state of helplessness and hopelessness. A future that once was full of promise seems suddenly destroyed. When this happens, the amount of loss, both to the affected child and to society at large, is incomprehensible. Trauma also causes the loss of faith and meaning when the cold blanket of despair clouds the future. In the case of PTSD, despair is an expected aftermath.

It is, therefore, imperative that any meaningful and lasting intervention will aim at restoring hope in these children. We must help them to regain that lost future, believe in themselves and in life once again. Andrew Lester calls on soul care to help those in need of care establish what he calls “a future story of hope.”⁶⁰⁶ This implies that they construct their stories, desires, expectations, and hopes with anticipation of a future that is bright, purposeful, and rich in accomplishment. Hope, he says, is being

“excited about the future because it perceives the future as open-ended, not determined but filled with possibilities. The reality present in the future is not predetermined but is ‘experience-in-formation.’ Hoping does not limit reality to what is perceived in the ‘now’ but continuously looks for further development of reality that is being formed.”⁶⁰⁷

⁶⁰⁵ *DSM-IV-TR*, 2000 ed., s.v. “Diagnostic Criteria for 309.81 Posttraumatic Stress Disorder,” 468.

⁶⁰⁶ Andrew Lester, *Hope in Pastoral Care and Counseling* (Louisville: Westminster John Knox Press, 1995), 109.

⁶⁰⁷ *Ibid.*, 89.

Kathleen Greider, in her analysis of memoirs on soul-suffering, observes that the undergirding inspiration that led the victims through their ordeal was hope. She refers to hope as “the construction of meaning, the accumulation of reasons to go on living.”⁶⁰⁸

More important than anything else is that HSCT will focus on helping Nigerian children to regain hope, hope that will lead into a future that gives them “reason to go on living.” This is not “hope the verb,” but “hope the noun,”⁶⁰⁹ a hope that they possess and that will never depart from them. In fact, I see this as the Divine presence that will be within them as their guide through a long but purposeful and fruitful life. Therefore, we emphasize again the optimism that is promised by hope. Reference to words of the Apostle Paul in writing to the Romans is what we can build on as we close this study. Patience in suffering and fear will produce character and hope. “And hope does not produce shame (or fear or insecurity) because through hope God’s love is poured into our hearts.”⁶¹⁰ To the extent that holistic soul care is able to reestablish such hope in these children, lost lives will be restored (reborn) and a lost future repossessed.

⁶⁰⁸ Greider, 292.

⁶⁰⁹ Ibid., 29.

⁶¹⁰ Romans 5:4-5.

Appendix A

Nigeria Demography⁶¹¹:

1. Population 140 million
2. Ethnicities: Hausa/Fulani, 29% Ibo 18%, Yoruba 21%
3. Religion: Muslim 45% Christian 40% Traditional 5% Middle Belt Christians 10%
4. Education: Literacy rate 70%

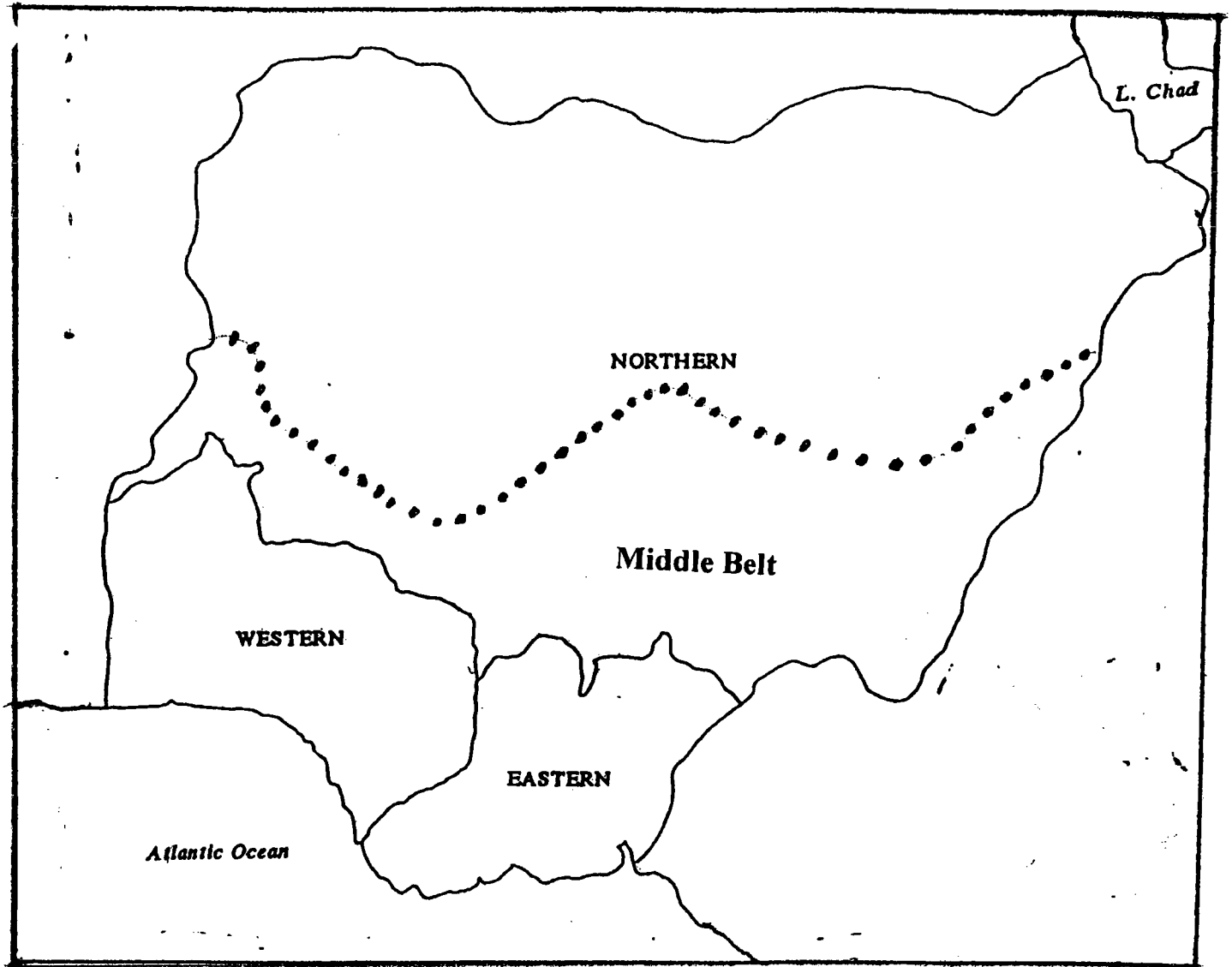
⁶¹¹ Wikipedia contributors, "Demographics of Nigeria," *Wikipedia, The Free Encyclopedia*,
http://en.wikipedia.org/w/index.php?title=Demographics_of_Nigeria&oldid=321228463
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Appendix B



Appendix C

Nigeria



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